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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 714291 (2)
 1. Corporation Name
WAINWRIGHT POST NO. 2185 VETERANS OF FOREIGN WAR S OF THE UNITED STATES, INC

Principal Place of Business 2136 SHERMAN AVE PANAMA CITY FL 32405	Mailing Address 2136 SHERMAN AVE PANAMA CITY FL 32405
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3. Date Incorporated or Qualified 03/22/1968		
4. FEI Number 59-0732976	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**KAISER, FREDERICK A.
 5108 MARLA DRIVE
 PANAMA CITY FL 32404**

10. Name and Address of New Registered Agent

81 Name KAISER FREDERICK A.	
82 Street Address (P.O. Box Number is Not Acceptable) 5108 MARLA DRIVE	
83	
84 City PANAMA CITY FL	85 Zip Code 32404

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAISER, FRED	1.2 NAME	
STREET ADDRESS	5108 MARLA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARKER FL	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, JOEL R.	2.2 NAME	LONG, MICHAEL
STREET ADDRESS	2300 SHERMAN AVE., LOT 16	2.3 STREET ADDRESS	409 SCHOOL AVE LOT 6-3
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	PANAMA CITY FL 32401
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKER, PAUL SR.	3.2 NAME	
STREET ADDRESS	211 LANNIE BOW DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAWAY FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWERY, MERLE	4.2 NAME	
STREET ADDRESS	1804 TYNDALL DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASKINS, BOB	5.2 NAME	BRYANT, JAMES A
STREET ADDRESS	2726 OERCY ROAD	5.3 STREET ADDRESS	5104 MARLA DRIVE
CITY-ST-ZIP	CALLAWAY FL	5.4 CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, ALEX W.	6.2 NAME	ZIDZIK, STEVEN J
STREET ADDRESS	1819 MAIN AVE	6.3 STREET ADDRESS	3605 D ST.
CITY-ST-ZIP	LYNN HAVEN FL	6.4 CITY-ST-ZIP	PANAMA CITY, FLA 32404

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **FREDERICK A. KAISER** *Frederick A Kaiser* 18 April 98 850-763-8232

CR2E037 (10/97)