

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|---|--|

DOCUMENT # 722440 (5)
 1. Corporation Name
CLARENCE S. JONES POST NO. 4250, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

| | |
|---|--|
| Principal Place of Business 2350 SUNSET DR. NEW SMYRNA BEACH FL 32168 | Mailing Address P.O. BOX 1827 NEW SMYRNA BCH. FL 32168 |
|---|--|

| | |
|--------------------------------------|---------------------------|
| 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 |

APPROVED AND FILED

55 MAY -1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/13/1972 | 3a. Date of Report 05/01/1994 |
| 4. FEI Number 59-6161982 | Applied For <input type="checkbox"/> Not Applicable |
| 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**HALLIGAN, LAWRENCE
306 WASHINGTON ST.
NEW SMYRNA BEACH FL 32169**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: LAWRENCE HALLIGAN *Lawrence J. Halligan* DATE: 4-15-95

12. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------------|
| TITLE | CMO |
| NAME | SIMBERG, OTTO |
| STREET ADDRESS | 837 14TH AVE. |
| CITY, ST, ZIP | NEW SMYRNA BCH. FL |
| TITLE | STD |
| NAME | HALLIGAN, LAWRENCE J. |
| STREET ADDRESS | 306 WASHINGTON ST. |
| CITY, ST, ZIP | NEW SMYRNA BEACH FL |
| TITLE | VCD |
| NAME | MILLER, JAMES |
| STREET ADDRESS | 2624 N DIXIE FREEWAY |
| CITY, ST, ZIP | NEW SMYRNA BCH FL |
| TITLE | ST |
| NAME | BROWN, CHARLES H (ASST) |
| STREET ADDRESS | 301 ALICE ST |
| CITY, ST, ZIP | EDGEWATER FL |
| TITLE | VCP |
| NAME | HELMS, WILLIAM H |
| STREET ADDRESS | 25 SANDUNE DR |
| CITY, ST, ZIP | NEW SMYRNA BCH FL |
| TITLE | VCD |
| NAME | DEW, MAURICE |
| STREET ADDRESS | 850 DOUGHERTY ST. |
| CITY, ST, ZIP | NEW SMYRNA BCH. FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY, ST, ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY, ST, ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY, ST, ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY, ST, ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY, ST, ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lawrence J. Halligan **LAWRENCE J. HALLIGAN** DATE: 4-15-95 SYSTEM NUMBER: 914-4035128