

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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**

3. Date Incorporated or Qualified: **01/13/1972**  
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		<b>59-6161982</b>	Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>VOLUSIA</b>	<b>32170</b>	<b>VOLUSIA</b>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HALLIGAN, LAWRENCE 306 WASHINGTON ST. NEW SMYRNA BEACH FL 32168</b>				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 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	<b>CMD</b>	1.1 TITLE	<b>COMMANDER</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIMBERG, OTTO</b> <input checked="" type="checkbox"/> DELETE	1.2 NAME	<b>DEW, MAURICE</b>
STREET ADDRESS	<b>837 14TH AVE.</b>	1.3 STREET ADDRESS	<b>850 DOUGHERTY ST.</b>
CITY-ST-ZIP	<b>NEW SMYRNA BCH. FL</b>	1.4 CITY-ST-ZIP	<b>NEW SMYRNA BEACH, FL.</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>SIMBERG, OTTO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HALLIGAN, LAWRENCE J.</b>	2.2 NAME	<b>837 14TH AVE.</b>
STREET ADDRESS	<b>306 WASHINGTON ST.</b>	2.3 STREET ADDRESS	<b>NEW SMYRNA BCH, FL 32168</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VCD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>WILLSEY, CLYDE E.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILLER, JAMES</b>	3.2 NAME	<b>3 LYNN CT.</b>
STREET ADDRESS	<b>2624 N DIXIE FREEWAY</b>	3.3 STREET ADDRESS	<b>NEW SMYRNA BH 32168</b>
CITY-ST-ZIP	<b>NEW SMYRNA BCH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>MOORE, EDWARD F.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROWN, CHARLES H (ASST)</b>	4.2 NAME	<b>616 DORA ST.</b>
STREET ADDRESS	<b>301 ALICE ST</b>	4.3 STREET ADDRESS	<b>NEW SMYRNA BH, 32168</b>
CITY-ST-ZIP	<b>EDGEWATER FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VCP</b> <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>HELMS, WILLIAM H</b>	5.2 NAME	
STREET ADDRESS	<b>25 SANDUNE DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BCH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VCD</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>400001780414</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEW, MAURICE</b>	6.2 NAME	<b>-04/15/96--01062--017</b>
STREET ADDRESS	<b>850 DOUGHERTY ST.</b>	6.3 STREET ADDRESS	<b>***61.25</b>
CITY-ST-ZIP	<b>NEW SMYRNA BCH. FL</b>	6.4 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 **HALLIGAN, LAWRENCE J.** **3-26-96** **904-403-5128**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)