

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 <b>2350 SUNSET DR. NEW SMYRNA BEACH FL 32168</b>	Mailing Address <b>P.O. BOX 1827 NEW SMYRNA BCH. FL 32170-1827</b>
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<b>2</b> Principal Place of Business	<b>2a</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3</b> Date Incorporated or Qualified <b>01/13/1972</b>	<b>3a</b> Date of Last Report <b>04/15/1996</b>
<b>4</b> FEI Number <b>59-6161982</b>	Applied For Not Applicable
<b>5</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**HALLIGAN, LAWRENCE**  
**306 WASHINGTON ST.**  
**NEW SMYRNA BEACH FL 32169**  
*32168*

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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**

TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>SIMBERG, OTTO</b>	
STREET ADDRESS	<b>837 14TH AVE.</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BCH. FL 32168</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>HALLIGAN, LAWRENCE J.</b>	
STREET ADDRESS	<b>306 WASHINGTON ST.</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>WILLSEY, CLYDE E.</b>	
STREET ADDRESS	<b>S. LYNN CT.</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BCH FL 32168</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>BROWN, CHARLES H (ASST)</b>	
STREET ADDRESS	<b>301 ALICE ST</b>	
CITY-ST-ZIP	<b>EDGEWATER FL</b>	
TITLE	VCPD	<input type="checkbox"/> DELETE
NAME	<b>HELMS, WILLIAM H</b>	
STREET ADDRESS	<b>25 SANDUNE DR</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BCH FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>DEW, MAURICE</b>	
STREET ADDRESS	<b>850 DOUGHERTY ST.</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BCH. FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Lawrence J. Halligan* 3-29-97 904-423-5128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0003264

CR2E037 (9/96)