FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:10

DOCUMENT # 723393 (5)

1. Corporation Name

A.E.M. POST NO. 4287, VETERANS OF FOREIGN WARS O F THE UNITED STATES, INCORPORATED

Principal Place of Business	Mailing Address
P O BOX 720100 ORLANDO FL 32872 US	AEM POST P O. BOX 720100 ORLANDO FL 32872 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1972
3a. Date of Last Report: 04/05/1994
4. FEI Number: 23-7069121 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 A.E.M. POST 4287	25 P O BOX 720100
Suite, Apt. #, etc. 22 P O BOX 720100	Suite, Apt. #, etc. 27 3500 S. GOLDENROD RD
City & State 23 ORLANDO FLA	City & State 28 ORLANDO FLA
Zip / Country 24 32872 / 25	Zip / Country 29 32872 / 30

9. Name and Address of Current Registered Agent

WHITTEN, CALVIN W.
8013 MOBILEAIRE DR
ORLANDO FL 32822

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number Is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☐ Addition
NAME	RYAN, JAMES	1.2 NAME	RYAN, JAMES
STREET ADDRESS	2751 DEVIE ST	1.3 STREET ADDRESS	2751 DEVIE ST
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL 32822
TITLE	D	2.1 TITLE	D X ☐ Change ☐ Addition
NAME	STYMERSKI, JOHN	2.2 NAME	BERTLANEY, KEVIN B.
STREET ADDRESS	3424 IDLGROVE CT	2.3 STREET ADDRESS	5114 BRENDA DR
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FLA 32812
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	LINCOLN, BRUCE G.	3.2 NAME	GRANT, MONTY R
STREET ADDRESS	5344 WINFREE DR	3.3 STREET ADDRESS	7718 KILLIAN DR
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO FLA 32822
TITLE	T	4.1 TITLE	T ☐ Change ☐ Addition
NAME	WHITTEN, CALVIN W.	4.2 NAME	WHITTEN, CALVIN W.
STREET ADDRESS	8013 MOABILEAIRE DR	4.3 STREET ADDRESS	8013 MOBILEAIRE DR
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO FLA 32822
TITLE	T	5.1 TITLE	T ☐ Change ☐ Addition
NAME	LARSON, RAYMOND A.	5.2 NAME	LARSON, RAYMOND A.
STREET ADDRESS	2827 APPALOOSA COURT	5.3 STREET ADDRESS	2827 APPALOOSA COURT
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ORLANDO FLA 32822
TITLE	T	6.1 TITLE	T X ☐ Change ☐ Addition
NAME	STYLES, WESLEY	6.2 NAME	BELANSK JOHN P.
STREET ADDRESS	1200 N.CHICKASAW TRL	6.3 STREET ADDRESS	4310 TOMLINSON DR
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	ORLANDO FLA 32829

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)(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: C. Whitten 2-1-95 407 222 6581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035070