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 # 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
AEM POST 4287 PO BOX 720100 ORLANDO FL 32872 US	PO BOX 720100 3500 S. GOLDENROD RD ORLANDO FL 32872 US

3. Date Incorporated or Qualified: 05/12/1972
3a. Date of Last Report: 02/15/1995

2. Principal Place of Business
21 AEM POST 4287
Suite, Apt. #, etc.
22 PO Box 720100
City & State
23 ORLANDO FLA 32872
Zip
24 Country 25

2a. Mailing Address
26 AEM POST 4287
Suite, Apt. #, etc.
27 3500 S.GOLDENROD RD
City & State
28 ORLANDO FL 32872
Zip
29 Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 Calvin W. Whitten 4/15-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RYAN, JAMES 2751 DEVIE ST ORLANDO FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D SHOEMAKER, RICHARD F. 4410 Usher Av Orlamdo Fl 32822	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERTLANEY, KEVIN B. 5114 BRENDA DR. ORLANDO FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D TULLER, BETH P 6439 Golden Nugget Dr Orl 328 22	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANT, MONTY R. 7718 KILLIAN DRIVE ORLANDO FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D PATTELENA, Douglas R 6669 Pompeii Rd Orlandl Fl 32822	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WHITTEN, CALVIN W. 8013 MOABILEAIRE DR ORLANDO FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	T WHITTEN, CALVIN W. 8013 Mobileaire Dr Orlando Fa 32822	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LARSON, RAYMOND A. 2827 APPALOOSA COURT ORLANDO FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	T PARKS, PERRY J 3407 CARNS AVE ORLANDO FLA 32806	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BELANSK, JOHN P. 4310 TOMLINSON DRIVE ORLANDO FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	T RYAN, JAMES 2751 DEVIE ST ORLANDO FL 32822	☒ Change ☐ Addition

CR2E037 (12/95)

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: Calvin W. Whitten 4-15-96 273-6581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #