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FILED

Jan 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 729896 (1)

1. Corporation Name

ENGLEWOOD POST NO. 10178, VETERANS FOR FOREIGN W  
ARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

550 MCCALL RD  
ENGLEWOOD FL 34223  
US550 MCCALL RD  
ENGLEWOOD FL 34223  
US3. Date Incorporated or Qualified  
06/10/19743a. Date of Last Report  
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, FRED S.  
10285 REIMS AVENUE  
ENGLEWOOD FL 34224

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

Fred S Williams

Fred S Williams

1/9/97

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	CMD	<input checked="" type="checkbox"/> DELETE
NAME	GRISCO, CHARLES W.	
STREET ADDRESS	6334 CONNISTON	
CITY-ST-ZIP	PORT CHARLOTTE FL	

TITLE	VCM	<input checked="" type="checkbox"/> DELETE
NAME	ARZAMARSMI, DUDLEY	
STREET ADDRESS	7069 LARKIN STREET	
CITY-ST-ZIP	ENGLEWOOD FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DACEY, JAMES T.	
STREET ADDRESS	1192 SEAHORSE LANE	
CITY-ST-ZIP	ENGLEWOOD FL	

TITLE	QM	<input type="checkbox"/> DELETE
NAME	WILLIAMS, FRED S.	
STREET ADDRESS	10285 REIMS AVENUE	
CITY-ST-ZIP	ENGLEWOOD FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	AUGUST, RICHARD	
STREET ADDRESS	565 SANDLOR DR	
CITY-ST-ZIP	ENGLEWOOD FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CICIO, OTIS	
STREET ADDRESS	9390 HEARTWELLVILLE	
CITY-ST-ZIP	ENGLEWOOD FL	

1.1 TITLE	CMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Earl M. Kelchner	
1.3 STREET ADDRESS	901 Boundry Rd N	
1.4 CITY-ST-ZIP	Englewood FL 34223	

2.1 TITLE	VCM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	George Hood	
2.3 STREET ADDRESS	2656 11st.	
2.4 CITY-ST-ZIP	Englewood FL 34224	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	George Weaver	
3.3 STREET ADDRESS	945 Stewart ST	
3.4 CITY-ST-ZIP	Englewood FL 34223	

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Cecil Crowell	
6.3 STREET ADDRESS	1445 Manor Rd	
6.4 CITY-ST-ZIP	Englewood FL 34223	

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:

Earl M. Kelchner

1/9/97

941 4747516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 941 4747516

CR2E037 (9/96)