

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 # 731014 (7)

1. Corporation Name

JOHN S. LYMAN, JR. POST #4536, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



200001847782

-06/03/96--01034--026

***\$61.25

Principal Place of Business: 4401 DIXIE HWY. NE, PALM BAY FL 32905
Mailing Address: 4401 DIXIE HWY. NE, PALM BAY FL 32905

3. Date Incorporated or Qualified: 10/31/1974
3a. Date of Last Report: 05/01/1995
4. FEI Number: 23-7091101
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.022, Florida Statutes: Yes No

21. Principal Place of Business
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

10. Name and Address of New Registered Agent
81. Name: HORAN, EDWARD J
82. Street Address: 2050 S US HWY 1
83. Lot: 47
84. City: MALABAR FL
85. Zip Code: 32950

9. Name and Address of Current Registered Agent
TOWNER, LEO M
840 BIANCA DR., N.E.
PALM BAY FL 32905
DELETE

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: *Edward J. Horan* DATE: 5-11-96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLEMAN, DAVE	
STREET ADDRESS	3107 INDIAN RIVER DR.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SELLERS, CLIFF	
STREET ADDRESS	1097 GALT CIRCLE NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SELLERS, CLIFF	
STREET ADDRESS	1097 GALT CIR., NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BUTTS, EDDIE	
STREET ADDRESS	521 REMBRANDT ST SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SOLDIVERI, JONTI	
STREET ADDRESS	1270 ISLAND AVENUE NW	
CITY-ST-ZIP	PALM BAY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HORAN, JOE	
STREET ADDRESS	2050 US HWY. #1, UNIT 47	
CITY-ST-ZIP	PALM BAY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	THIMOTY J. NEARY	
13 STREET ADDRESS	4401 DIXIE HWY. NE	
14 CITY-ST-ZIP	PALM BAY, FL. 32905	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DEARL W. HARPER	
23 STREET ADDRESS	4401 DIXIE HWY. NE	
24 CITY-ST-ZIP	PALM BAY, FL. 32905	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DAVID M. BLOOM	
33 STREET ADDRESS	3191 TANGELO DR. NE	
34 CITY-ST-ZIP	PALM BAY, FL 32905	
41 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	EDWARD J. HORAN	
43 STREET ADDRESS	2050 S. US HWY 1 LOT 47	
44 CITY-ST-ZIP	MALABAR FL. 32950	
51 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	GARY J. BUCKNER	
53 STREET ADDRESS	1280 KNOLLWOOD RD NE	
54 CITY-ST-ZIP	PALM BAY, FL. 32907	
61 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	WILLIAM M. DWINGS	
63 STREET ADDRESS	755 ONYX DR. NE	
64 CITY-ST-ZIP	PALM BAY, FL. 32905	

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: *Edward J. Horan* DATE: 4-20-96 DAYTIME PHONE: 407-725-2999
CS 5/1/96

CR2E037 (12/95)