

DOCUMENT # 731014
 1. Entity Name
JOHN S. LYMAN, JR. POST #4536, VETERANS OF FOREIGN

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90010 004 ****61.25



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number 23-7091101 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILLIAMS, DAVID J
1142 ASTURIA AVE SE
PALM BAY FL 32909

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE David J. Williams, QUARTERMASTER 01-04-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	HORAN, E. J	
STREET ADDRESS	4401 DIXIE HWY NE	
CITY-ST-ZIP	PALM BAY FL 32906	
TITLE	DSVC	<input type="checkbox"/> Delete
NAME	HEILER, FREDERICK	
STREET ADDRESS	4401 DIXIE HWY NE	
CITY-ST-ZIP	PALM BAY FL 32906	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	JONES, EDWARD L	
STREET ADDRESS	4401 DIXIE HWY NE	
CITY-ST-ZIP	PALM BAY FL 32905-4344	
TITLE	DQM	<input type="checkbox"/> Delete
NAME	WILLIAMS, DAVID J	
STREET ADDRESS	1142 ASTURIA AVE SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ELLIOTT, GEORGE L	
STREET ADDRESS	4401 DIXIE HWY NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOGGAT, CHARLES	
STREET ADDRESS	4401 DIXIE HWY NE	
CITY-ST-ZIP	PALM BAY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY L. NUNN	
STREET ADDRESS	4401 DIXIE HWY NE	
CITY-ST-ZIP	PALM BAY, FL 32906	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Jr. Vice Commander	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT KRAMER	
STREET ADDRESS	4401 DIXIE HWY N.E	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David J. Williams 01-05-01 321-725-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)