

FILE NOW: FILING FEE IS \$61.25

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Aug 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731123 (6)

1. Corporation Name
UPPER KEYS POST #10211 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business P.O. BOX 1109 KEY LARGO FL 33037	Mailing Address P.O. BOX 1109 KEY LARGO FL 33037-1109
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3. Date Incorporated or Qualified 11/15/1974	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 23-7277248	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LASKIS, ALEX P
3 BOWEN DR
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent

81 Name MARION PAUL
82 Street Address (P.O. Box Number is Not Acceptable) 173 WEST AVE A
83 City KEY LARGO
84 State FL
85 Zip Code 33037

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 **MARION PAUL STD** DATE **23 Jun 97**

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE PD	NAME MORTON, RICHARD D.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 4 DOLPHIN ROAD	CITY-ST-ZIP KEY LARGO FL	
TITLE STD	NAME LASKIS, ALEX P	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3 BOWEN DR	CITY-ST-ZIP KEY LARGO FL	
TITLE VD	NAME AMIDON, CHARLES	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1 BOWEN DRIVE	CITY-ST-ZIP KEY LARGO FL	
TITLE D	NAME CASTILLO, ALFRED	<input type="checkbox"/> DELETE
STREET ADDRESS 8 GULFSTREAM DRIVE	CITY-ST-ZIP KEY LARGO FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME THOMAS TYREE	
1.3 STREET ADDRESS 91 TREASURE BLVD.	
1.4 CITY-ST-ZIP KEY LARGO, FL 33037	
2.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME PAUL MARION	
2.3 STREET ADDRESS 173 WEST AVE. A	
2.4 CITY-ST-ZIP KEY LARGO, FL 33037	
3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME THOMAS JOHNSON	
3.3 STREET ADDRESS 419 COLLINS ST.	
3.4 CITY-ST-ZIP KEY LARGO, FL 33037	
4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME RICHARD MORTON	
4.3 STREET ADDRESS 4 DOLPHIN RD.	
4.4 CITY-ST-ZIP KEY LARGO, FL 33037	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)