

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733894 (0)
1. Corporation Name
ANDRE' "ANDY" J. MATTON POST NO. 10130 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business: 710 SW AIROSO BLVD, PORT ST LUCIE FL 34983, US
Mailing Address: P.O. BOX 7339, P.O. BOX 34985, PT ST LUCIE FL 34985-7339, US

3. Date Incorporated or Qualified: 09/22/1975
3a. Date of Last Report: 04/04/1996
4. FEI Number: 23-7113088
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
CONSER, RUSSEL, S., QM
710 SW AIROSO BLVD
PORT ST. LUCIE FL 34983

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: RUSSELL S. CONSER ADJUTANT Russell S. Conser DATE: 3/9/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BRINTON, TURNER	
STREET ADDRESS	3100 SE PRUITT RD G-102	
CITY-ST-ZIP	PT ST LUCIE, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLER, KATHERINE L	
STREET ADDRESS	2265 SE MASTER AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CONSER, RUSSEL, S	
STREET ADDRESS	710 SW AIROSO BLVD	
CITY-ST-ZIP	PT ST LUCIE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, RAYMOND	
STREET ADDRESS	130 NW AIROSO BLVD	
CITY-ST-ZIP	PT ST LUCIE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RADULSKI, FRANCIS	
STREET ADDRESS	684 SW DALTON CIR	
CITY-ST-ZIP	PT ST LUCIE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNT, ERNEST, A	
STREET ADDRESS	756 SW DEL RIO BLVD	
CITY-ST-ZIP	PT ST LUCIE, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<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.

SIGNATURE: Russell S. Conser DATE: 3/9/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)