


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744334** (4)  
1. Corporation Name  
**PLACID POST NO. 25, INC.**

\*\*\*61.25



Principal Place of Business <b>1490 US HWY 27 NORTH LAKE PLACID FL 33852-7952</b>	Mailing Address <b>1490 US HWY 27 NORTH LAKE PLACID FL 33852-7952</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>09/21/1978</b>		3a. Date of Last Report <b>06/18/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-1927219</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Country <b>25</b>		Zip <b>29</b>		Country <b>30</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

g. Name and Address of Current Registered Agent <b>MARSH, WILLIAM J 1620 OAK AVE LAKE PLACID FL 33852</b>				10. Name and Address of New Registered Agent <b>81 Name Roger C. Perkins 82 Street Address (P.O. Box Number is Not Acceptable) 1536 Rutledge Ave. 83 84 City Lake Placid FL 85 Zip Code 33852</b>			
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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 *Roger C. Perkins* **Roger C. Perkins, Commander 8-21-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	Commander	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARSH, WILLIAM J			1.2 NAME	Roger C. Perkins		
STREET ADDRESS	1620 OAK AVE			1.3 STREET ADDRESS	1536 Rutledge Ave.		
CITY-ST-ZIP	LAKE PLACID FL			1.4 CITY-ST-ZIP	Lake Placid, FL 33852		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	1st Vice Commander	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PERKINS, ROGER C			2.2 NAME	Mary M. Marlow		
STREET ADDRESS	1536 RUTLEDGE AVE			2.3 STREET ADDRESS	305 Cloverleaf Rd.		
CITY-ST-ZIP	LAKE PLACID FL			2.4 CITY-ST-ZIP	Lake Placid, FL 33852		
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE	Finance Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TERRY MAJORS			3.2 NAME	Robert W. Brown		
STREET ADDRESS	739 LAKE JUNE RD.			3.3 STREET ADDRESS	3006 Peach Tree Dr.		
CITY-ST-ZIP	LAKE PLACID FL			3.4 CITY-ST-ZIP	Lake Placid, FL 33852		
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE	Sgt-At-Arms	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	UPSHAW, BOB			4.2 NAME	Edward Borden		
STREET ADDRESS	109 LOQUAT RD. N.W.			4.3 STREET ADDRESS	1629 Fourth St.		
CITY-ST-ZIP	LAKE PLACID FL			4.4 CITY-ST-ZIP	Lake Placid, FL 33852		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	Adjutant	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCCAIN FLOYD			5.2 NAME	Charles Moriarity		
STREET ADDRESS	18 VACATION DR.			5.3 STREET ADDRESS	23 Park Drive		
CITY-ST-ZIP	VENUS FL 33980			5.4 CITY-ST-ZIP	Lake Placid, FL 33852		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DORIS ENGLE			6.2 NAME	Doris Engle		
STREET ADDRESS	37 PINE AIRE CIRCLE			6.3 STREET ADDRESS	37 Pine Aire Circle		
CITY-ST-ZIP	LAKE PLACID FL			6.4 CITY-ST-ZIP	Lake Placid, FL 33852		

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 *Roger C. Perkins* **Roger C. Perkins, Commander**

CR2E037 (4/97)