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Jun 19 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 # 744960 (6)

1. Corporation Name
ARRANT SMITH POST NO. 4127 VETERANS OF FOREIGN WARS OF THE UNITED STATES INC.

Principal Place of Business 601 N.E. 2ND. RD. HOMESTEAD FL 33030	Mailing Address 601 N.E. 2ND. RD. HOMESTEAD FL 33030-6177
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/15/1978	3a. Date of Last Report 05/17/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-1097344	Applied For Not Applicable
25. City & State	26. Zip	27. Country	28. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

COBB, CHARLES
29740 SW 152ND AVENUE
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81 Name **FARRELL, STEVE**

82 Street Address (P.O. Box Number is Not Acceptable)
15200 S.W. 288th ST.

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84 City **HOMESTEAD** FL 85 Zip Code **33033**

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 *[Signature]* DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	NAME COBB, CHARLES	1.1 TITLE PD.
STREET ADDRESS 29740 SW 152ND AVE.	CITY-ST-ZIP HOMESTEAD FL	1.2 NAME FARRELL, STEVE
		1.3 STREET ADDRESS 15200 S.W. 288th ST.
		1.4 CITY-ST-ZIP HOMESTEAD, FL 33033
TITLE VD	NAME HENLEY, CHARLES	2.1 TITLE VD
STREET ADDRESS 1733 GREER AVE.	CITY-ST-ZIP HOMESTEAD FL	2.2 NAME BOB COLE
		2.3 STREET ADDRESS 18950 S.W. 311th ST
		2.4 CITY-ST-ZIP HOMESTEAD, FL 33030
TITLE VD	NAME ESPOSITO, RAYMOND	3.1 TITLE VD
STREET ADDRESS 1907 SAN REMO CIRCLE	CITY-ST-ZIP HOMESTEAD FL	3.2 NAME GEORGE KOCI
		3.3 STREET ADDRESS 11758 S.W. 168th ST
		3.4 CITY-ST-ZIP PERRINE, FL 33177
TITLE TD	NAME SULLIVAN, MICHAEL	4.1 TITLE SD
STREET ADDRESS 22924 SW 150TH CT.	CITY-ST-ZIP LEISURE CITY FL	4.2 NAME
		4.3 STREET ADDRESS
		4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE TREASURER D
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME KIT ALDRIDGE
		5.3 STREET ADDRESS 13101 S.W. 260th ST.
		5.4 CITY-ST-ZIP HOMESTEAD, FL. 33032
TITLE	NAME	6.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	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)