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Feb 20 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 # 749266 (3)

1. Corporation Name
FLAGLER COUNTY POST NO. 5213, VETERANS OF FOREIGN WARS OF THE UNITED STATES

Principal Place of Business Mailing Address
PO BOX 2075 BUNNELL FL 32110 PO BOX 2075 BUNNELL FL 32110-2075



3. Date Incorporated or Qualified 10/10/1979	3a. Date of Last Report 02/01/1996
4. FEI Number 59-6162521	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent WRIGHT, ROBERT HOWARD, M.D. 14 ZODIAC PLACE PO BOX 2348 32110 - 2348	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <input checked="" type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BARZELOGNA, RICHARD S	1.2 NAME: GEORGE P. ELLIS
STREET ADDRESS: RR 3 BOX 5200 PALATKA FL	1.3 STREET ADDRESS: 159 LEITHE AVENUE
CITY-ST-ZIP: PALATKA FL	1.4 CITY-ST-ZIP: FLAGLER BEACH FL 32136
TITLE: <input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SHAW, JAMES F.	2.2 NAME:
STREET ADDRESS: 370 LAMBERT AVE.	2.3 STREET ADDRESS:
CITY-ST-ZIP: FLAGLER BCH. FL	2.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WRIGHT, ROBERT HOWARD	3.2 NAME:
STREET ADDRESS: BOX 2348 BUNNELL FL	3.3 STREET ADDRESS:
CITY-ST-ZIP: BUNNELL FL	3.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SHEEHAN, JAMES F.	4.2 NAME: SHEEHAN
STREET ADDRESS: 1802 N. CENTRAL AVE.	4.3 STREET ADDRESS: JUST CORRECT SPELLING
CITY-ST-ZIP: FLAGLER BCH. FL	4.4 CITY-ST-ZIP:
TITLE: <input checked="" type="checkbox"/> DELETE	5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PFALZGRAF, HOWARD	5.2 NAME: GREEN, VIRGIL
STREET ADDRESS: BOX 1733 BUNNELL FL	5.3 STREET ADDRESS: 151 BREN MAR LANE
CITY-ST-ZIP: BUNNELL FL	5.4 CITY-ST-ZIP: PALM COAST FL
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WRIGHT, JAMES H.	6.2 NAME:
STREET ADDRESS: 112 BREN MAR LANE	6.3 STREET ADDRESS:
CITY-ST-ZIP: PALM COAST FL	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: _____ DATE: _____

CR2E037 (9/96)