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Feb 24, 1999 8:00 am
Secretary of State

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*NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749646

1. Corporation Name
**ELLENTON V.F.W. NO. 9226, VETERANS OF FOREIGN WA
 RS OF THE UNITED STATES, INC.**

DEPARTMENT OF STATE

Principal Place of Business 3511 12TH ST., E. ELLENTON FL 34222	Mailing Address 3511 12TH ST., E. ELLENTON FL 34222
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/02/1979	4. FEI Number 59-1936299	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		

9. Name and Address of Current Registered Agent

HARRINGTON, RICHARD
107 49TH STREET EAST
PALMETTO FL 34221

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TAYLOR, JAMES L 4719 4TH AVE. E PALMETTO FL 34221 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PAWUL DWIGHT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3511 12TH ST. E. ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCD PAWUL, DWIGHT 3511 12TH ST. E. ELLENTON FL 34222 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	LODGE, CHARLES F. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3511 12TH ST. E. ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVCD ANDERSON, DAVID 2705 49TH ST E. PALMETTO FL 34221 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	FLOURNOY, THOMAS E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1003 25TH AVE. W. PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QMD CARROLL, CHARLES H 1401 1ST AVE. E. BRADENTON FL 34208 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	HAMM ERVAL R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 812 45TH AVE. E. ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: *ERVAL R. HAMM* 1-13-99 946 723 2909
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)