

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N34354 (3)

1. Corporation Name

WALTER R. MICKENS POST NUMBER 6021. VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business	Mailing Address
803 EMMA STREET KEY WEST FL 33040 US	803 EMMA STREET KEY WEST FL 33040 US

3. Date Incorporated or Qualified 09/26/1989	3a. Date of Last Report 03/27/1995
4. FEI Number 59-6162528	Applied For <input checked="" type="checkbox"/> Not Applicable
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
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	26 Post Office Box 903
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28 Key West, Florida
Zip	Country
24	29 33040
Country	30 Monroe

9. Name and Address of Current Registered Agent

**JAMES, ROBERT L.
314 CATHERINE STREET
KEY WEST FL 33040**

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

FL

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, ROBERT LESLIE	
STREET ADDRESS	314 CATHERINE STREET	
CITY - ST - ZIP	KEY WEST FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILDGOOSE, CLARENCE	
STREET ADDRESS	725 THOMAS STREET	
CITY - ST - ZIP	KEY WEST FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BURNS, THEODORE	
STREET ADDRESS	309 JULIA STREET	
CITY - ST - ZIP	KEY WEST FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PLANAS, JOSE	
STREET ADDRESS	711 OLIVIA STREET	
CITY - ST - ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GLENN A. HAYES	
1.3 STREET ADDRESS	226 ANGELA STREET	
1.4 CITY - ST - ZIP	KEY WEST, FL.	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT L. JAMES	
2.3 STREET ADDRESS	314 CATHERINE STREET	
2.4 CITY - ST - ZIP	KEY WEST, FL.	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Theodore Burns Date: Feb. 13, 1996 Daytime Phone #: 305-296-9725

CR2E037 (12/95)