

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90128 001 ****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34354

1. Corporation Name

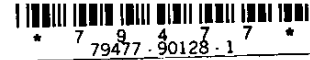
WALTER R. MICKENS POST NUMBER 6021. VETERANS OF
FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

803 EMMA STREET
KEY WEST FL 33040
US

Mailing Address

POST OFFICE BOX 903
KEY WEST FL 33040
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified
09/26/1989

4. FEI Number
59-6162528

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75-Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME FISHER, GERALD JR
STREET ADDRESS 920 EMMA STREET
CITY-ST-ZIP KEY WEST FL 33040 DELETE

TITLE VD
NAME JAMES, ROBERT L.
STREET ADDRESS 314 CATHERINE STREET
CITY-ST-ZIP KEY WEST FL DELETE

TITLE TD
NAME BURNS, THEODORE
STREET ADDRESS 309 JULIA STREET
CITY-ST-ZIP KEY WEST FL DELETE

TITLE S
NAME PLANAS, JOSE
STREET ADDRESS 711 OLIVIA STREET
CITY-ST-ZIP KEY WEST FL DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THEODORE BURNS Theodore Burns 2/2/99 (305) 296-9725

CR2E037 (1/98)

0025112