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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N 46605**
1. Corporation Name
**SPECTRE POST 11367, VETERANS OF
FOREIGN WARS, INC.,
OF THE UNITED STATES,**

800001530968
-07/06/95--01063--013
*****70.00 *****70.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business (OLD) Mailing Address (OLD)
**5100 HWY 98 W, SUITE 15
DESTIN, FL 32541** P.O. Box **6367
DESTIN, FL 32541**

3. Date Incorporated or Qualified **DEC 26, 1991** 3a. Date of Last Report **7-28-1994**
4. FEI Number **39-3082264** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 3050 HWY 98 W **25 3050 HWY 98 W**
Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

City & State 27. City & State
23 MARY ESTHER, FL **26 MARY ESTHER, FL**
Zip Country Zip Country
24 32569 25 OKALOOSA 29 32569 30 OKALOOSA

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
81 Name **STEWART A. LETSON**
82 Street Address (P.O. Box Number is Not Acceptable) **506 E. HOLLYWOOD BLVD**
83
84 City **MARY ESTHER** FL 85 Zip Code **32569**

11. Pursuant to the provisions of Sections 617.0502 and 617.1808, 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 607.0505, Florida Statutes.

SIGNATURE Stewart A. Letson DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	COMMANDER (PID) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	ROBERT V. BROWN
STREET ADDRESS		1.3 STREET ADDRESS	110 MY WAY
CITY-ST-ZIP		1.4 CITY-ST-ZIP	SANTA ROSA BCH, FL 32459
TITLE		2.1 TITLE	SENIOR VICE COMMANDER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	ARTHUR L. WILLIAMS (VID)
STREET ADDRESS		2.3 STREET ADDRESS	3151 HIGHWAY 87
CITY-ST-ZIP		2.4 CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE		3.1 TITLE	QUARTERMASTER (SITD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	DONALD HARVEY
STREET ADDRESS		3.3 STREET ADDRESS	#2 SUNSET LAKE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE		4.1 TITLE	SENIOR TRUSTEE (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	EDWARD GOETZ
STREET ADDRESS		4.3 STREET ADDRESS	317 HOLLY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE		5.1 TITLE	MANAGER, CANTEN (MID) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	KENNETH T. KENDRICK
STREET ADDRESS		5.3 STREET ADDRESS	1012 QUAIL HOLLOW
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE		6.1 TITLE	CHAIRMAN, HOUSE (C/D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	STEWART A. LETSON
STREET ADDRESS		6.3 STREET ADDRESS	506 E. HOLLYWOOD BLVD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MARY ESTHER, FL 32569 RC

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)(4), 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 amendment with an address.

SIGNATURE: Stewart A. Letson Date **6-20-95** Daytime Phone # **244-6544**
Signature and typed or printed name of signing officer or director