

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **N46605** (4)
 1. Corporation Name

**SPECTRE, POST 11367, VETERANS OF FOREIGN WARS OF
 THE UNITED STATES, INC.**



Principal Place of Business: 3050 HIGHWAY 98 WEST, MARY ESTHER FL 32569
 Mailing Address: 3050 HIGHWAY 98 WEST, MARY ESTHER FL 32569

3. Date Incorporated or Qualified: 12/26/1991
 3a. Date of Last Report: 06/30/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: 59-3082264
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes/No

9. Name and Address of Current Registered Agent
**STEWART A. LETSON
 506 E. HOLLY WOOD BLVD
 MARY ESTHER FL 32569**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, ROBERT T	
STREET ADDRESS	110 MT WAY	
CITY-ST-ZIP	SANTA ROSA FL 32459	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, AOTHUR J	
STREET ADDRESS	3151 HIGHWAY 87	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HARVEY, DONALD H	
STREET ADDRESS	#2 SUNSET LANE	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOETZ, EDWARD	
STREET ADDRESS	317 HOLLY	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KENDRICK, KENNETH	
STREET ADDRESS	1012 GUAJIL HOLLOW	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	STEWART A. LETSON	
STREET ADDRESS	506 E. HOLLYWOOD BLVD	
CITY-ST-ZIP	MARY ESTHER FL 32569	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	COMMANDER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHARLES L. STROUSE	
1.3 STREET ADDRESS	2182 CALLE DE CANTABRIA	
1.4 CITY-ST-ZIP	NAVARRE, FL. 32566	
2.1 TITLE	QUARTER MASTER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STEWART A. LETSON	
2.3 STREET ADDRESS	506 E. HOLLYWOOD BLVD	
2.4 CITY-ST-ZIP	MARY ESTHER, FL. 32569	
3.1 TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HARTWELL M. LAUBSCH	
3.3 STREET ADDRESS	311A NICEVILLE AVE	
3.4 CITY-ST-ZIP	NICEVILLE, FLA 32578	
4.1 TITLE	D-	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JAMES H. ALGER	
4.3 STREET ADDRESS	2169 TOM ST	
4.4 CITY-ST-ZIP	NAVARRE, FLA 32566	
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 checked="" type="checkbox"/> Addition
6.2 NAME	800001904918	
6.3 STREET ADDRESS	-07/25/96--01100--029	
6.4 CITY-ST-ZIP	***61.25	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stewart A. Letson 17 Jul 96 581-0479
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Stewart A. Letson
 Date: 17 Jul 96 Daytime Phone #: 581-0479

CR2E037 (3/96)