

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 # 719235 (4)

1. Corporation Name
LAKE WORTH POST NO. 3588 VETERANS OF FOREIGN WAR S OF THE UNITED STATES, INC.



Principal Place of Business: **1114 N DIXIE HIGHWAY LAKE WORTH FL 33460**
 Mailing Address: **1114 N DIXIE HIGHWAY LAKE WORTH FL 33460**

3. Date incorporated or Qualified: **09/01/1970**
 3a. Date of Last Report: **08/01/1995**
 4. FEI Number: **59-0589062**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
 2a. Mailing Address: **26**
 Suite, Apt. #, etc.: **22**
 City & State: **23**
 Zip: **24** Country: **25**
 Suite, Apt. #, etc.: **27**
 City & State: **28**
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
YURCH, JOHN J
6968 ATHENA DR
LAKE WORTH FL 33463

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NEIL, JOSEPH	
STREET ADDRESS	1114 N. DIXIE HWY.	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TIERNEY, JAMES J	
STREET ADDRESS	1114 N. DIXIE HWY.	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, ARTHUR W.	
STREET ADDRESS	1114 N. DIXIE HWY.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YURCH, JOHN J	
STREET ADDRESS	6962 ATHENA DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PERRAULT, JOSEPH L	
STREET ADDRESS	1114 N. DIXIE HWY.	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DESMOND, WILLIAM H.	
1.3 STREET ADDRESS	1114 N. DIXIE HWY	
1.4 CITY-ST-ZIP	LAKE WORTH, FL 33460	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TIERNEY, JAMES J.	
2.3 STREET ADDRESS	1114 N DIXIE HWY	
2.4 CITY-ST-ZIP	LAKE WORTH FL 33460	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GLANVILLE, JOHN R.	
3.3 STREET ADDRESS	1114 N. DIXIE HWY	
3.4 CITY-ST-ZIP	LAKE WORTH, FL 33460	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John J. Yurch* **John J. Yurch** 6/16/96 (907) 586-9797
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)