


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 722485 (0)**

1. Corporation Name  
**MAURICE K. LANGBERG POST NO. 10066, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>1805 N.E. SAVANNAH ROAD PO BOX 311 JENSEN BEACH FL 34958-0311</b>	Mailing Address <b>1805 N.E. SAVANNAH ROAD PO BOX 311 JENSEN BEACH FL 34958-0311</b>
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3. Date Incorporated or Qualified <b>01/20/1972</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>59-1493093</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**TILTON, C.N.  
113 N. INDIAN RIVER DRIVE  
JENSEN BEACH FL 34957**

10. Name and Address of New Registered Agent

61. Name	65. Zip Code
62. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
63.	
64. City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RILEY, ARTHUR E.</b>	1.2 NAME	
STREET ADDRESS	<b>1401 NE CHARDON STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>SENIOR VICE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RHODES, SAMUEL</b>	2.2 NAME	<b>BERNARD STARRD</b>
STREET ADDRESS	<b>1887 N.E. RIDGE AVE</b>	2.3 STREET ADDRESS	<b>9801 S. OCEAN DR # 476</b>
CITY-ST-ZIP	<b>JENSEN BCH. FL</b>	2.4 CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>JUNIOR VICE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STOER, ROLSTON J.</b>	3.2 NAME	<b>CHARLIE JOYCE</b>
STREET ADDRESS	<b>1421 NE CHARDON STREET</b>	3.3 STREET ADDRESS	<b>3476 NE BARBARA ST</b>
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>	3.4 CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POND, ALFRED B.</b>	4.2 NAME	<b>600002220166--3</b>
STREET ADDRESS	<b>817 ST LUCIE CRESCENT</b>	4.3 STREET ADDRESS	<b>-06/23/97--01130--003</b>
CITY-ST-ZIP	<b>STUART FL</b>	4.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWARD, ERICK</b>	5.2 NAME	
STREET ADDRESS	<b>2351 NE 20 CT.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JENSEN BCH. FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>QUARTERMASTER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KENNION, WILLIAM</b>	6.2 NAME	<b>N.R. ANSARA</b>
STREET ADDRESS	<b>1129 NW 15TH ST.</b>	6.3 STREET ADDRESS	<b>2402 SE BORDEAUX CT</b>
CITY-ST-ZIP	<b>STUART FL</b>	6.4 CITY-ST-ZIP	<b>PORT ST LUCIE FL 34952</b>

14. I do 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.

FCR2E037 (9/96)