


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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.**



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>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-1493093</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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
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

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>RILEY, ARTHUR E</b>
STREET ADDRESS	<b>1401 NE CHARDON STREET</b>
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>
TITLE	<b>SVD</b> <input type="checkbox"/> DELETE
NAME	<b>SIRARD, BERNARD</b>
STREET ADDRESS	<b>9801 S. OCEAN DR. #476</b>
CITY-ST-ZIP	<b>JENSEN BCH. FL 34957</b>
TITLE	<b>JVD</b> <input type="checkbox"/> DELETE
NAME	<b>JOYCE, CHARLIE</b>
STREET ADDRESS	<b>3470 NE BARBARA ST.</b>
CITY-ST-ZIP	<b>JENSEN BEACH FL 34957</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>POND, ALFRED B.</b>
STREET ADDRESS	<b>817 ST LUCIE CRESCENT</b>
CITY-ST-ZIP	<b>STUART FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SWARD, ERICK</b>
STREET ADDRESS	<b>2351 NE 20 CT.</b>
CITY-ST-ZIP	<b>JENSEN BCH. FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ANSARA, N.R.</b>
STREET ADDRESS	<b>2402 SE BORDEAUX CT.</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34952</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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.

SIGNATURE: *M. Ronald Ar...* 3/25/98 561-334-9659

CR2E037 (10/97)