FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED

DOCUMENT # 729896 (1)

1. Corporation Name

ENGLEWOOD POST NO. 10178, VETERANS FOR FOREIGN W ARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
550 MCCALL RD ENGLEWOOD FL 34223 US	550 N MCCALL RD ENGLEWOOD FL 34223 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1974
3a. Date of Last Report: 06/01/1994
4. FEI Number: 52-1664051 ☐ 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
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

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

9. Name and Address of Current Registered Agent

~~NEWELL, EARL W~~ EARL M. KELCHNER
~~1751 BEACH RD~~ 901 N. BOUNDARY RD
~~A202~~
~~ENGLEWOOD FL 34228~~ ENGLEWOOD, FL 34223

10. Name and Address of New Registered Agent

01 Name: EARL M. KELCHNER
02 Street Address (P.O. Box Number is Not Acceptable): 901 N. BOUNDARY RD
03
04 City: ENGLEWOOD FL 05 Zip Code: 34223

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE	COMMANDER	☒ Change ☐ Addition
NAME	~~MARTIN, ROBERT C~~ STEVENS JOHN H,	1.2 NAME	JOHN H. STEVENS	
STREET ADDRESS	~~1720 FAUST DR~~ 10133 ASBURY AVE.	1.3 STREET ADDRESS	10133 ASBURY AVE	
CITY-ST-ZIP	~~ENGLEWOOD FL~~ ENGLEWOOD, FL.	1.4 CITY-ST-ZIP	ENGLEWOOD, FL. 34224	
TITLE	VC	2.1 TITLE	VICE COMMANDER	☒ Change ☐ Addition
NAME	~~STEVENS, JOHN H~~	2.2 NAME	HOWARD E. REED	
STREET ADDRESS	~~10133 ASBURY AVE~~	2.3 STREET ADDRESS	P.O. BOX 647	
CITY-ST-ZIP	~~ENGLEWOOD FL~~	2.4 CITY-ST-ZIP	ENGLEWOOD, FL. 34295	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	REDDY, JOHN T	3.2 NAME		
STREET ADDRESS	201 E. LANGSNER ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL	3.4 CITY-ST-ZIP		
TITLE	QM	4.1 TITLE	QUARTER MASTER	☒ Change ☐ Addition
NAME	NEWELL, EARL W	4.2 NAME	EARL M. KELCHNER	
STREET ADDRESS	1751 BEACH RD / A202	4.3 STREET ADDRESS	901 N. BOUNDARY RD	
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	ENGLEWOOD, FL. 34223	
TITLE	D	5.1 TITLE	D.	☒ Change ☒ Addition
NAME	AYLE, DONALD R	5.2 NAME	RICHARD AUGUST	
STREET ADDRESS	905 BONUDARY RD	5.3 STREET ADDRESS	565 SANDLER DR.	
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	ENGLEWOOD 34223	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	WEAVER, GEORGE	6.2 NAME	OTIS CICIO	
STREET ADDRESS	945 STEWART ST.	6.3 STREET ADDRESS	4390 HEARTWELL VILLE	
CITY-ST-ZIP	ENGLEWOOD FL	6.4 CITY-ST-ZIP	ENGLEWOOD, FL. 34224	

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)(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: Earl M. Kelchner QUARTERMASTER 1-13-95 (813) 474-7511
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002000