

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 731014 (7)

1. Corporation Name

JOHN S. LYMAN, JR. POST #4536, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



200001847782

-06/03/96--01034--026

***\$61.25

Principal Place of Business: 4401 DIXIE HWY. NE, PALM BAY FL 32905
Mailing Address: 4401 DIXIE HWY. NE, PALM BAY FL 32905

3. Date Incorporated or Qualified: 10/31/1974
3a. Date of Last Report: 05/01/1995
4. FEI Number: 23-7091101
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. 199.022, Florida Statutes: Yes No

21. Principal Place of Business: Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

10. Name and Address of New Registered Agent
81. Name: HORAN, EDWARD J
82. Street Address: 2050 S US HWY 1
83. City: MALABAR
84. State: FL
85. Zip Code: 32950

9. Name and Address of Current Registered Agent
TOWNER, LEO M
840 BIANCA DR., N.E.
PALM BAY FL 32905

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: *Edward J. Horan* DATE: 5-11-96

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: COLEMAN, DAVE	STREET ADDRESS: 3107 INDIAN RIVER DR.	CITY-ST-ZIP: PALM BAY FL	<input checked="" type="checkbox"/> DELETE
TITLE: D	NAME: SELLERS, CLIFF	STREET ADDRESS: 1097 GALT CIRCLE NE	CITY-ST-ZIP: PALM BAY FL	<input checked="" type="checkbox"/> DELETE
TITLE: D	NAME: SELLERS, CLIFF	STREET ADDRESS: 1097 GALT CIR., NE	CITY-ST-ZIP: PALM BAY FL	<input checked="" type="checkbox"/> DELETE
TITLE: T	NAME: BUTTS, EDDIE	STREET ADDRESS: 521 REMBRANDT ST SE	CITY-ST-ZIP: PALM BAY FL	<input checked="" type="checkbox"/> DELETE
TITLE: T	NAME: SOLDIVERI, JONTI	STREET ADDRESS: 1270 ISLAND AVENUE NW	CITY-ST-ZIP: PALM BAY FL	<input checked="" type="checkbox"/> DELETE
TITLE: T	NAME: HORAN, JOE	STREET ADDRESS: 2050 US HWY. #1, UNIT 47	CITY-ST-ZIP: PALM BAY FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: D	12 NAME: THIMOTY J. NEARY	13 STREET ADDRESS: 4401 DIXIE HWY. NE	14 CITY-ST-ZIP: PALM BAY, FL. 32905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE: D	22 NAME: EARL W. HARPER	23 STREET ADDRESS: 4401 DIXIE HWY. NE	24 CITY-ST-ZIP: PALM BAY, FL. 32905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE: D	32 NAME: DAVID M. BLOOM	33 STREET ADDRESS: 3191 TANGELO DR. NE	34 CITY-ST-ZIP: PALM BAY, FL 32905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE: T	42 NAME: EDWARD J. HORAN	43 STREET ADDRESS: 2050 S. US HWY #1 LOT 47	44 CITY-ST-ZIP: MALABAR FL. 32950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE: T	52 NAME: BARY J. BUCKNER	53 STREET ADDRESS: 1280 KNOLLWOOD RD NE	54 CITY-ST-ZIP: PALM BAY, FL. 32907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE: T	62 NAME: WILLIAM M. DWINGS	63 STREET ADDRESS: 755 ONYX DR. NE	64 CITY-ST-ZIP: PALM BAY, FL. 32905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edward J. Horan* DATE: 4-20-96 DAYTIME PHONE: 407-725-2999
CS 5/1/96

CR2E037 (12/95)