

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 07 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra C. Bartham
 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.



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

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified 10/31/1974
 3a. Date of Last Report 05/01/1996

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

4. FEI Number 23-7091101 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 HORAN, EDWARD J
 2050 S. U.S. HWY 1.
 LOT 47
 MAJABAR FL 32905

10. Name and Address of New Registered Agent
 81 Name DAVID J. WILLIAMS
 82 Street Address (P.O. Box Number is Not Acceptable) 1142 ASTORIA AVE S.E.
 83
 84 City PALM BAY FL 85 Zip Code 32909

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 *David J. Williams* DAVID J. WILLIAMS 7-22-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEARY, THIMOTY J	
STREET ADDRESS	4401 DIXIE HWY, NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARPER, EARL W	
STREET ADDRESS	4401 DIXIE HWY, NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLOOM, DAVID M	
STREET ADDRESS	3191 TANGELO DR NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HORAN, EDWARD J	
STREET ADDRESS	2050 S. U.S. HWY 1	
CITY-ST-ZIP	PALM BAY FL 32950	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BUCKNER, GARY J	
STREET ADDRESS	1280 KNOLLWOOD RD N.E	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	OWINGS, WILLIAM M	
STREET ADDRESS	755 ONYX DR NE	
CITY-ST-ZIP	PALM BAY FL 32905	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	COMMANDER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		RICHARD J ZDUNCZYK
1.3 STREET ADDRESS		4401 DIXIE HWY NE
1.4 CITY-ST-ZIP		PALM BAY, FL 32905
2.1 TITLE	D	SR. VICE COMMANDER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		GARY M. ROBINSON
2.3 STREET ADDRESS		4401 DIXIE HWY NE
2.4 CITY-ST-ZIP		PALM BAY FL 32905
3.1 TITLE	T	DR VICE COMMANDER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		STACEY FOLAN
3.3 STREET ADDRESS		4401 DIXIE HWY NE
3.4 CITY-ST-ZIP		PALM BAY, FL 32905
4.1 TITLE	D	QUARTERMASTER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		DAVID J. WILLIAMS
4.3 STREET ADDRESS		1142 ASTORIA AVE S.E
4.4 CITY-ST-ZIP		PALM BAY, FL 32909
5.1 TITLE	T	TRUSTEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		W.M. OWINGS
5.3 STREET ADDRESS		4401 DIXIE HWY NE
5.4 CITY-ST-ZIP		PALM BAY FL 32905
6.1 TITLE	T	TRUSTEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		CHARLES HOGGENT
6.3 STREET ADDRESS		4401 DIXIE HWY NE
6.4 CITY-ST-ZIP		PALM BAY FL 32905

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.

SIGNATURE *David J. Williams* DAVID J. WILLIAMS 7-22-97 407-725-1999

CR2E037 (4/97)