

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Jan 20 1998 8:00am
Secretary of State

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 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	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 23-7091101	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent WILLIAMS, DAVID J 1142 ASTURIA AVE SE PALM BAY FL 32909				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WILLIAMS, DAVID J 1142 ASTURIA AVE SE PALM BAY FL 32909				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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZDUNCZYK, RICHARD J		1.2 NAME	
STREET ADDRESS 4401 DIXIE HWY NE		1.3 STREET ADDRESS	
CITY-ST-ZIP PALM BAY FL		1.4 CITY-ST-ZIP	
TITLE DSVC	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBINSON, GARY M		2.2 NAME	
STREET ADDRESS 4401 DIXIE HWY NE		2.3 STREET ADDRESS	
CITY-ST-ZIP PALM BAY FL		2.4 CITY-ST-ZIP	
TITLE TVC	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOLAN, STEVE J		3.2 NAME	
STREET ADDRESS 4401 DIXIE HWY NE		3.3 STREET ADDRESS	
CITY-ST-ZIP PALM BAY FL		3.4 CITY-ST-ZIP	
TITLE DQM	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, DAVID J		4.2 NAME	
STREET ADDRESS 1142 ASTURIA AVE SE		4.3 STREET ADDRESS	
CITY-ST-ZIP PALM BAY FL		4.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OWINGS, WM		5.2 NAME	
STREET ADDRESS 4401 DIXIE HWY NE		5.3 STREET ADDRESS	
CITY-ST-ZIP PALM BAY FL		5.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOGGAT, CHARLES		6.2 NAME	
STREET ADDRESS 4401 DIXIE HWY NE		6.3 STREET ADDRESS	
CITY-ST-ZIP PALM BAY FL		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: DAVID J WILLIAMS 1-6-98 407-725-2999

CR2E037 (10/97)