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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731014

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/31/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7091101
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 25	Zip 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 30	Country 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILLIAMS, DAVID J 1142 ASTURIA AVE SE PALM BAY FL 32909		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		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 _____ 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	DC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZDUNCZYK, RICHARD J		1.2 NAME	HORAN, E. Joseph	
STREET ADDRESS	4401 DIXIE HWY NE		1.3 STREET ADDRESS	4401 Dixie Hwy NE	
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	DSVC	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DSVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, GARY M		2.2 NAME	HEILER, FREDERICK J.	
STREET ADDRESS	4401 DIXIE HWY NE		2.3 STREET ADDRESS	4401 Dixie Hwy NE	
CITY-ST-ZIP	PALM BAY FL		2.4 CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	TVC	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	NADILLO, PAUL JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLAN, STEVE J		3.2 NAME	4401 Dixie Hwy NE	
STREET ADDRESS	4401 DIXIE HWY NE		3.3 STREET ADDRESS	PALM BAY, FL 32905	
CITY-ST-ZIP	PALM BAY FL		3.4 CITY-ST-ZIP		
TITLE	DOM	<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 checked="" type="checkbox"/> DELETE	5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWINGS, WM		5.2 NAME	ELLIOTT, George L.	
STREET ADDRESS	4401 DIXIE HWY NE		5.3 STREET ADDRESS	4401 Dixie Hwy NE	
CITY-ST-ZIP	PALM BAY FL		5.4 CITY-ST-ZIP	PALM BAY, FL 32905	
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, with all other like empowered.

SIGNATURE: _____ DATE: 1-5-99 DAYTIME PHONE #: 407-728-2999

CR2E037 (1/98)