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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 733870 (0)

1. Corporation Name
TOMMY G. FOSTER - POST NO. 4590, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business Mailing Address
3709 E. ST. RD 92 PLANT CITY FL 33566 US
VFW POST 4590 THOMAS G. FOSTER POST OFFICE BOX 1557 PLANT CITY FL 33564-1557 US

3. Date Incorporated or Qualified 09/19/1975
3a. Date of Last Report 03/04/1996

2. Principal Place of Business 21 22 23 24
2a. Mailing Address 26 27 28 29 30
4. FEI Number 59-6209820
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 has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent
ENGSTROM, ED
257 TALLO LANE
VALRICO FL 33594

10. Name and Address of New Registered Agent
81 Name POGUE JAMES E.
82 Street Address (P.O. Box Number Is Not Acceptable) 1111 No Park Rd
83 City PLANT CITY
84 City
85 Zip Code FL 33566

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 James E Pogue
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)
DATE 3-1-97

12. OFFICERS AND DIRECTORS
TITLE S
NAME PAQUE, JAMES E
STREET ADDRESS 1111 PARK RD.
CITY-ST-ZIP PLANT CITY FL
TITLE P
NAME BENNETT, GEORGE F.
STREET ADDRESS 2265 BENNETT ROAD
CITY-ST-ZIP PLANT CITY FL
TITLE T
NAME NEWKIRK, HARRY D
STREET ADDRESS 1506 E. MIMOSA DR.
CITY-ST-ZIP PLANT CITY FL
TITLE D
NAME ROBINSON, RALPH
STREET ADDRESS 108 W. CASON STREET
CITY-ST-ZIP PLANT CITY FL
TITLE D
NAME OLSON, ROY E
STREET ADDRESS 4224 N. WILDER RD.
CITY-ST-ZIP PLANT CITY FL
TITLE D
NAME GREGORY, MERRIT
STREET ADDRESS 203 CUNICE AVE
CITY-ST-ZIP PLANT CITY FL 33567

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Commander
1.2 NAME Smith Charles R.
1.3 STREET ADDRESS 405 Midwood Dr.
1.4 CITY-ST-ZIP Plant City, FL 33567
2.1 TITLE Jr. Vice Comm
2.2 NAME Molitor Edward J.
2.3 STREET ADDRESS 806 W. OAKLAND Hgts "A"
2.4 CITY-ST-ZIP Plant City, FL 33565
3.1 TITLE Trustee
3.2 NAME Schofield Otis E.
3.3 STREET ADDRESS 152 Mockingbird Hill
3.4 CITY-ST-ZIP Plant City, FL 33565
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: James E Pogue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE Feb 12, 97
Daytime Phone # 0046066

CR2E037 (9/96)