

FILE NOW: FILING FEE IS \$61.25

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Mar 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733894** (0)

1. Corporation Name

**ANDRE' "ANDY" J. MATTON POST NO. 10130 VETERANS  
OF FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business <b>710 SW AIROSO BLVD PORT ST LUCIE FL 34983 US</b>	Mailing Address <b>P.O. BOX 7339 P.O. BOX 34985 PT ST LUCIE FL 34985-7339 US</b>
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3. Date Incorporated or Qualified <b>09/22/1975</b>	3a. Date of Last Report <b>04/04/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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4. FEI Number <b>23-7113088</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>CONSER, RUSSEL, S., QM 710 SW AIROSO BLVD PORT ST. LUCIE FL 34983</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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: **RUSSELL S. CONSER** ADJUTANT **RUSSELL S. CONSER** DATE: **3/9/97**

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BRINTON, TURNER</b>
STREET ADDRESS	<b>3100 SE PRUITT RD G-102</b>
CITY - ST - ZIP	<b>PT ST LUCIE, FL 00000</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>MILLER, KATHERINE L</b>
STREET ADDRESS	<b>2265 SE MASTER AVE</b>
CITY - ST - ZIP	<b>PORT ST LUCIE FL 34952</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>CONSER, RUSSEL, S</b>
STREET ADDRESS	<b>710 SW AIROSO BLVD</b>
CITY - ST - ZIP	<b>PT ST LUCIE, FL 00000</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MITCHELL, RAYMOND</b>
STREET ADDRESS	<b>130 NW AIROSO BLVD</b>
CITY - ST - ZIP	<b>PT ST LUCIE, FL 00000</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RADULSKI, FRANCIS</b>
STREET ADDRESS	<b>684 SW DALTON CIR</b>
CITY - ST - ZIP	<b>PT ST LUCIE, FL 00000</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HUNT, ERNEST, A</b>
STREET ADDRESS	<b>756 SW DEL RIO BLVD</b>
CITY - ST - ZIP	<b>PT ST LUCIE, FL 00000</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **RUSSELL S. CONSER** DATE: **3/9/97**

CR2E037 (9/96)