FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **739897** **(7)**

1. Corporation Name

JOHN E. MEALY MEMORIAL POST 3282, VETERANS OF FO REIGN WARS OF THE UNITED STATES INC.

Principal Place of Business	Mailing Address
5810 AIRPORT RD. PORT ORANGE FL 32124	5810 AIRPORT RD. PORT ORANGE FL 32124

3. Date Incorporated or Qualified: 08/12/1977

3a. Date of Last Report: 02/08/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-0994190 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~BOYETTE, JAMES E.~~
~~5810 AIRPORT RD~~
~~PORT ORANGE . FL 32124~~

10. Name and Address of New Registered Agent

81 Name: EDWARD J BARTH

82 Street Address (P.O. Box Number is Not Acceptable)

83: 5810 AIRPORT RD

84 City: PORT ORANGE FL 85 Zip Code: 32124

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: Edward J BARTH — 3/7/96
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	C	☒ DELETE	1.1 TITLE	C	☒ Change ☐ Addition
NAME	~~KITE, JAMES A~~		1.2 NAME	BARTH, EDWARD J	
STREET ADDRESS	~~5410 DURANT DR.~~		1.3 STREET ADDRESS	3662 SHAW WAY	
CITY-ST-ZIP	~~PORT ORANGE FL 32127~~		1.4 CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SEWELL, AUDREY S		2.2 NAME		
STREET ADDRESS	109 LAZY FOX LAIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32124		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GARDNER , KENNETH C		3.2 NAME		
STREET ADDRESS	903 TIMBERWOOD DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PT. ORANGE FL 32127		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BURLEY, ALBERT T.		4.2 NAME		
STREET ADDRESS	155 VILLAGE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-ST-ZIP		
TITLE	~~OMT~~	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~BOYETTE, JAMES E~~		5.2 NAME	PERFETT, HARRY F	
STREET ADDRESS	~~9811 LIVE OAK ST~~		5.3 STREET ADDRESS	705 PINE FOREST TRAIL	
CITY-ST-ZIP	~~NEW SMYRNA BCH FL~~		5.4 CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Edward J Barth — 3/7/96 — 904-761-7217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #