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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 321245810 AIRPORT RD.
PORT ORANGE FL 32124-67023. Date Incorporated or Qualified
08/12/19773a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-0994190

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARTH, EDWARD J.
5810 AIRPORT RD
PORT ORANGE . FL 32124

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

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 ☐ DELETENAME BARTH, EDWARD J.
STREET ADDRESS 3862 SACHA WAY
CITY-ST-ZIP PORT ORANGE FL1.1 TITLE ☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME SEWELL, AUDREY S
STREET ADDRESS 109 LAZY FOX LAIR
CITY-ST-ZIP PORT ORANGE FL 32124

TRUSTEE

2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME GARDNER, KENNETH C
STREET ADDRESS 903 TIMBERWOOD DR.
CITY-ST-ZIP PT. ORANGE FL 32127

ADJUTANT

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE D ☒ DELETENAME BURLEY, ALBERT T.
STREET ADDRESS 155 VILLAGE LANE
CITY-ST-ZIP DAYTONA BEACH FL4.1 TITLE ☒ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE D ☒ DELETENAME PERFETT, HARRY F
STREET ADDRESS 705 PINE FOREST TRAIL
CITY-ST-ZIP PORT ORANGE FL5.1 TITLE ☒ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME

6.1 TITLE

STREET ADDRESS

6.2 NAME

CITY-ST-ZIP

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 supplement 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 registered agent of the corporation and that I am not a minor; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2-10-97

904 761 7217

CR2E037 (9/96)