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FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747309 (3)

1. Corporation Name

VETERANS OF FOREIGN WARS OF THE UNITED STATES IN
C. SHADY HILLS POST NO. 8681

Principal Place of Business

Mailing Address

18940 DRAYTON ST
SHADY HILLS FL 34610
US18940 DRAYTON ST
SHADY HILLS FL 34610-7010
US3. Date Incorporated or Qualified
05/22/19793a. Date of Last Report
02/13/1996

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

25

29

30

4. FEI Number
59-1866531

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

CIAGALA
ISADOR, CLAGALA
18724 FLORALTON DRIVE
SPRING HILL FL 34610

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 PD
NAME MCKECHNIE, GOERGE S.
STREET ADDRESS 13063 COUNTY LINE ROAD
CITY-ST-ZIP SPRING HILL FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD
NAME HEWELL, GEORGE E.
STREET ADDRESS 18345 MOORHAVEN DRIVE
CITY-ST-ZIP BROOKSVILLE FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD
NAME PLATT, GEORGE J.
STREET ADDRESS 14541 TODO TRAIL
CITY-ST-ZIP SPRING HILL FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE VD
NAME BECKER, JIMMY
STREET ADDRESS 18010 NORMANDEAU
CITY-ST-ZIP SPRING HILL FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE TD
NAME CIAGALA, ISADOR
STREET ADDRESS 18724 FLORALYON DRIVE
CITY-ST-ZIP SPRING HILL FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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: Isador Ciagala ISADOR CIAGALA

Date

1-10-97
Daytime Phone # 0066547

CR2E037 (9/96)