

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:28

DOCUMENT # 754221 (0)

1. Corporation Name

ORMOND BEACH POST 4319 VETERANS OF FOREIGN WARS
OF THE UNITED STATES, INC.

Principal Place of Business Mailing Address
7 SUNSET BLVD. 7 SUNSET BLVD.
ORMOND BEACH FL 32176-3124 ORMOND BEACH FL 32176-3124
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
09/18/1980 02/14/1994
4. FEI Number Applied For
23-7256646 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. 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

BRITTON, JOSEPH B.
63 BROADMOOR CIRCLE
ORMOND BEACH FL 32174

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 607.0502 and 607.1508, 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 607.0505, 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
D GAVIN, PATRICK 32 PLAZA DR ORMOND BEACH FL
P LENTZKE, DANIEL A. 141 OLD MILL RUN ORMOND BEACH FL
P HUISMAN, JOHN H. 1209 N.BEACH ST. ORMOND BEACH FL
D CERVINO, WILLIAM 177 ROBERTA RD ORMOND BEACH FL
VP BRITTON, JOSEPH B. 63 BROADMOOR CIRCLE ORMOND BEACH FL
QT PAPE, JOHN F. 7 SUNSET BLVD. ORMOND BEACH FL 32176-3124

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P. GAVIN, PATRICK Change Addition
1.2 NAME 32 PLAZA DR
1.3 STREET ADDRESS ORMOND BEACH FL 32176
1.4 CITY-ST-ZIP
2.1 TITLE D LENTZKE DANIEL A Change Addition
2.2 NAME 241 EUCLID AVE
2.3 STREET ADDRESS DAYTONA BEACH FL 32118
2.4 CITY-ST-ZIP
3.1 TITLE P TIMOTHY D SULLIVAN Change Addition
3.2 NAME 17 KATHY DR
3.3 STREET ADDRESS ORMOND BEACH FL 32176
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 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 included 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: *John F. Pape* JOHN F. PAPE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-95 904.441.5383
DATE DAYTONA 1995