

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 # 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.
ORMOND BEACH FL 32176-3124
US

7 SUNSET BLVD.
ORMOND BEACH FL 32176-3124
US

3. Date Incorporated or Qualified
09/18/1980

3a. Date of Last Report
02/09/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	23-7256646	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
		29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	PAPE, JOHN F.
82 Street Address (P.O. Box Number is Not Acceptable)	7 SUNSET BLVD
83 City	ORMOND BEACH
84 State	FL
85 Zip Code	32176

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

John F. Pape

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P GAVIN, PATRICK <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVIN, PATRICK	1.2 NAME	32 PLAZA DR
STREET ADDRESS	32 PLAZA DR	1.3 STREET ADDRESS	ORMOND BEACH FL 32176
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	VLENTZE, DANIEL A. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENTZKE, DANIEL A.	2.2 NAME	241 EUCLID AVE
STREET ADDRESS	241 EUCLID AVE	2.3 STREET ADDRESS	ORMOND BEACH FL 32176
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	D SULLIVAN, TIMOTHY P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, TIMOTHY D	3.2 NAME	17 KATHY DR
STREET ADDRESS	17 KATHY DR	3.3 STREET ADDRESS	ORMOND BEACH FL 32176
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D HUISMAN, JOHN H. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERVINO, WILLIAM	4.2 NAME	1209 N BEACH ST.
STREET ADDRESS	177 ROBERTA RD	4.3 STREET ADDRESS	ORMOND BEACH FL 32174
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S WHALEN, CHARLES F. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITTON, JOSEPH B.	5.2 NAME	126 HILL DALE AVE
STREET ADDRESS	63 BROADMOOR CIRCLE	5.3 STREET ADDRESS	ORMOND BEACH, FL 32176
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	
TITLE	OT <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	PAPE, JOHN F	6.2 NAME	
STREET ADDRESS	7 SUNSET BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176-3124	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 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:

John F. Pape

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-96

Date

904.441.5383

Daytime Phone #

CR2E037 (12/95)