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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 # 754221

(0)

1. Corporation Name

ORMOND BEACH POST 4319 VETERANS OF FOREIGN WARS
OF THE UNITED STATES, INC.Principal Place of Business
7 SUNSET BLVD.
ORMOND BEACH FL 32176-3124
USMailing Address
7 SUNSET BLVD.
ORMOND BEACH FL 32176-3124
US3. Date Incorporated or Qualified 09/18/1980
3a. Date of Last Report 02/26/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 23-7256646		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		25		29		30	

9. Name and Address of Current Registered Agent

PAPE, JOHN F
7 SUNSET BLVD
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	5 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVIN, PATRICK	1.2 NAME	WHALEN CHARLES F
STREET ADDRESS	32 PLAZA DR	1.3 STREET ADDRESS	126 HILLDALE AVE
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	ORMOND BEACH FL 32176
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENTZKE, DANIEL A.	2.2 NAME	FENTZKE DANIEL A
STREET ADDRESS	241 EUCLID AVE	2.3 STREET ADDRESS	632 TIMBER CREEK RD
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, TIMOTHY D	3.2 NAME	SULLIVAN TIMOTHY D
STREET ADDRESS	17 KATHY DR	3.3 STREET ADDRESS	17 KATHY DR
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	ORMOND BEACH FL 32176
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULSMAN, JOHN H	4.2 NAME	
STREET ADDRESS	1209 N BEACH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVIN, PATRICK	5.2 NAME	
STREET ADDRESS	32 PLAZA DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	
TITLE	QT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: John F. Pape JOHN F. PAPE

2-24-97 904-441-5383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 904-441-5383

CR2E037 (9/96)