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**Mar 03 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	Mailing Address 7 SUNSET BLVD. ORMOND BEACH FL 32176-3124 US
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3. Date Incorporated or Qualified 09/18/1980	3a. Date of Last Report 02/26/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 23-7256646	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GAVIN, PATRICK
STREET ADDRESS	32 PLAZA DR
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	P <input type="checkbox"/> DELETE
NAME	LENTZKE, DANIEL A.
STREET ADDRESS	241 EUCLID AVE
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	P <input type="checkbox"/> DELETE
NAME	SULLIVAN, TIMOTHY D
STREET ADDRESS	17 KATHY DR
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HULSMAN, JOHN H
STREET ADDRESS	1209 N BEACH ST
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	P <input type="checkbox"/> DELETE
NAME	GAVIN, PATRICK
STREET ADDRESS	32 PLAZA DR
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	QT <input type="checkbox"/> DELETE
NAME	PAPE, JOHN F
STREET ADDRESS	7 SUNSET BLVD.
CITY-ST-ZIP	ORMOND BEACH FL 32176-3124

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WHALEN CHARLES F
1.3 STREET ADDRESS	126 HILLDALE AVE
1.4 CITY-ST-ZIP	ORMOND BEACH FL 32176
2.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FENTZKE DANIEL A
2.3 STREET ADDRESS	432 TIMBER CREEK RD
2.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SULLIVAN TIMOTHY D
3.3 STREET ADDRESS	17 KATHY DR
3.4 CITY-ST-ZIP	ORMOND BEACH FL 32176
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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

CR2E037 (9/96)