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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 7 SUNSET BLVD. ORMOND BEACH FL 32176-3124 US			Mailing Address 7 SUNSET BLVD. ORMOND BEACH FL 32176-3124 US		
2. Principal Place of Business 21 GASTON PLACE Suite, Apt. #, etc. 22 City & State 23 ORMOND BEACH FL Zip 24 32176 Country 25 UNITED STATES		2a. Mailing Address 26 P.O. BOX 5073 Suite, Apt. #, etc. 27 City & State 28 ORMOND BEACH FL Zip 29 32175 Country 30 United States		3. Date Incorporated or Qualified 09/18/1980 4. FEI Number 23-7256646 Applied For 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		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 PAUL J DOUGLESS 82 Street Address (P.O. Box Number is Not Acceptable) 83 GASTON CIRCLE 84 City ORMOND BEACH FL 85 Zip Code 32174		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 PAUL J DOUGLESS QUARTERMASTER Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1-30-98			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP S WHALEN, CHARLES F 126 HILLDALE AVE ORMOND BEACH FL VP FENTZKE, DANIEL A 632 TIMBER CREEK RD ORMOND BEACH FL D SULLIVAN, TIMOTHY D 17 KATHY DR ORMOND BEACH FL D HULSMAN, JOHN H 1209 N BEACH ST ORMOND BEACH FL P GAVIN, PATRICK 32 PLAZA DR 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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME KAURELIS CHARLES 2.3 STREET ADDRESS 1543 SALVADOR PLACE 2.4 CITY-ST-ZIP ORMOND BEACH FL 32174 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME DOUGLESS, PAUL J 6.3 STREET ADDRESS GASTON CIRCLE 6.4 CITY-ST-ZIP ORMOND BEACH FL 32174		
14. I 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: PAUL J DOUGLESS 1-30-98					

CR2E037 (10/97)