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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759486

1. Corporation Name

N. J. DORCH POST NO. 10085, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

HIGHWAY 279 N
 VERNON FL 32462
 US

Mailing Address

P.O. BOX 602
 VERNON FL 32462
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/05/1981
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	23-7089924
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		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

MICHAELS, GLEN D
434 WISTERIA LN
CHIPLEY FL 32428

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEN D. MICHAELS	1.2 NAME	
STREET ADDRESS	434 WISTERIA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL 32428	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M.C. WOODBURY	2.2 NAME	
STREET ADDRESS	4595 MILLERS FERRY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON FL 32462	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES A. TAYLOR	3.2 NAME	
STREET ADDRESS	3448 ROSE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON FL 32462	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED JOHNSON	4.2 NAME	
STREET ADDRESS	3821 SHELL LANDING RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON FL 32462	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR GRIGOSA	5.2 NAME	
STREET ADDRESS	209 SUNNY HILLS	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL 32428	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKERT, CHARLES A	6.2 NAME	
STREET ADDRESS	P.O. BOX 1298 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Glen D. Michaels* **GLEN D. MICHAELS** 01-06-99 850-638-2111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)