

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 27 1997 8:00am
Secretary of State

DOCUMENT # 761287 (2)
1. Corporation Name

SILVER SPRINGS, POST NO. 10111 VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.



Principal Place of Business Mailing Address
5521 NE 35TH ST
PO BOX 421
SILVER SPRGS FL 32688
5521 NE 35TH ST
PO BOX 421
SILVER SPRGS FL 34489
US

DO NOT WRITE IN THIS SPACE

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	3. Date incorporated or Qualified 12/30/1981 3a. Date of Last Report 05/01/1996 4. FEI Number 51-0205342 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURKE, HOWARD L.
515 SAPPHIRE LANE
OCALA FL 34472

81 Name BURKE, HOWARD L. 82 Street Address (P.O. Box Number is Not Acceptable) 12550 S.W. 43 RD ST. RD. 83 84 City OCALA 85 Zip Code FL 34481
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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 HOWARD L. BURKE Howard L. Burke 8-20-97
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 NAME STREET ADDRESS CITY-ST-ZIP	CD VERGE, JOHN P.O. BOX 162 SILVER SPRINGS FL <input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CARUSO, PELLEGRINO 2180 N.E. 38 TH ST. OCALA, FLORIDA 34479 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LIVELY, GALE RT. 6 BOX 15 SILVER SPRINGS FL <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BURKE, HOWARD L. 12550 S.W. 43 RD ST. RD. OCALA, FLORIDA 34481 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BURKE, HOWARD L. 515 SAPPHIRE LANE OCALA FL <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: HOWARD L. BURKE 8-20-97 1-252-861-1846
SIGNATURE REQUIRED

CR2E037 (4/97)