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Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763227** (6)

1. Corporation Name

**FRANK A. PALUMBO POST NO. 10478, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business	Mailing Address
3121 S.W. 53RD AVE. 5360 SW. 35TH CT. DAVIE FL 33314 US	3121 S.W. 53RD AVE. 5360 SW. 35TH CT. DAVIE FL 33314-1946 US

3. Date Incorporated or Qualified <b>05/11/1982</b>	3a. Date of Last Report <b>07/17/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**DONATO, EDWARD**  
**5210 S.W. 35TH COURT**  
**DAVIE FL 33314**

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

TITLE	OM	<input type="checkbox"/> DELETE
NAME	DONATO, EDWARD	
STREET ADDRESS	5210 S.W. 35TH CT.	
CITY - ST - ZIP	DAVIE FL 33314	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	SZCZEPANSKI, KAZIMIERZ J	
STREET ADDRESS	3121 SW 53RD AVE	
CITY - ST - ZIP	DAVIE FL 33314	
TITLE	SVC	<input checked="" type="checkbox"/> DELETE
NAME	HORAI, EDWARD F	
STREET ADDRESS	5360 SW 35TH CT	
CITY - ST - ZIP	DAVIE FL 33314	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GLICK, MAURICE E	
STREET ADDRESS	3421 S.W. 50TH TERR	
CITY - ST - ZIP	DAVIE FL 33314	
TITLE	4TH	<input type="checkbox"/> DELETE
NAME	DESMEDT, AUGUSTINE	
STREET ADDRESS	5284 S.W. 34TH ST.	
CITY - ST - ZIP	DAVIE FL 33314	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MELIN, JAMES M	
STREET ADDRESS	2990 S.W. 51ST AVE.	
CITY - ST - ZIP	DAVIE FL 33314	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T. (QM)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DONATO, EDWARD	
1.3 STREET ADDRESS	5210 S.W. 35TH CT.	
1.4 CITY - ST - ZIP	DAVIE, FL 33314	
2.1 TITLE	P. (CDR)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HORAI, EDWARD F.	
2.3 STREET ADDRESS	5360 S.W. 35TH CT	
2.4 CITY - ST - ZIP	DAVIE, FL 33314	
3.1 TITLE	V. (SRVCECDR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANTHONY S. ESPOSITO	
3.3 STREET ADDRESS	2979 S.W. 50TH RD	
3.4 CITY - ST - ZIP	DAVIE FL 33314	
4.1 TITLE	TR. (BYR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SZCZEPANSKI, KAZIMIERZ J.	
4.3 STREET ADDRESS	3121 S.W. 53RD AVE	
4.4 CITY - ST - ZIP	DAVIE FL. 33314	
5.1 TITLE	TR (2YR)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DESMEDT, AUGUSTINE	
5.3 STREET ADDRESS	5284 S.W. 34TH ST	
5.4 CITY - ST - ZIP	DAVIE FL. 33314	
6.1 TITLE	TR (1YR)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MELIN JAMES M	
6.3 STREET ADDRESS	2990 S.W. 51ST AVE	
6.4 CITY - ST - ZIP	DAVIE FL. 33314	

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: **KAZIMIERZ J. SZCZEPANSKI** 4-9-97 (954) 587-1173  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036264

CR2E037 (9/96)