

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Kathleen B. Marchant  
Secretary of State  
1900 N.W. 17th Street, Room 4401, Tallahassee, FL 32304-0401

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 PM 1:12

DOCUMENT # **766150** (7)

CARL F. FLETCHER POST NO. 4945, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business: **OF FOREIGN WARS OF THE UNITED STATES INC  
231 EAST LAKE AVENUE  
AUBURNDALE FL 33823**

Mailing Address: **OF FOREIGN WARS OF THE UNITED STATES INC  
231 EAST LAKE AVENUE  
AUBURNDALE FL 33823**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: [21] State: Apt # etc. [22] City & State: [23] Zip: [24] Country: [25]

2a. Mailing Address: [26] State: Apt # etc. [27] City & State: [28] Zip: [29] Country: [30]

3. Date Incorporated or Qualified: **12/15/1982**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-6162519**

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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BASS, FLOYD L. SR.  
203 GROVE RIDGE DRIVE  
WINTER HAVEN FL 33880**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (IN 12)

12.1 TITLE: <b>CD</b>	12.2 NAME: <b>SPICER, DENNIS W.</b>	12.3 STREET ADDRESS: <b>3110 MASSEE RD.</b>	12.4 CITY, ST, ZIP: <b>DAVANPORT FL 33837</b>
12.5 TITLE: <b>QD</b>	12.6 NAME: <b>BASS, FLOYD L. SR.</b>	12.7 STREET ADDRESS: <b>203 GROVE RIDGE DRIVE</b>	12.8 CITY, ST, ZIP: <b>WINTER HAVEN FL</b>
12.9 TITLE: <b>ASD</b>	12.10 NAME: <b>BASS, SR., FLOYD L.</b>	12.11 STREET ADDRESS: <b>203 GROVE RIDGE DRIVE</b>	12.12 CITY, ST, ZIP: <b>WINTER HAVEN FL 33880</b>
12.13 TITLE: <b>SVCD</b>	12.14 NAME: <b>POWELL, HENERY E.</b>	12.15 STREET ADDRESS: <b>106 N POINT DRIVE</b>	12.16 CITY, ST, ZIP: <b>AUBURNDALE FL 33823</b>
12.17 TITLE: <b>JVCD</b>	12.18 NAME: <b>DELLING, CLARENCE</b>	12.19 STREET ADDRESS: <b>300 PENNY LANE</b>	12.20 CITY, ST, ZIP: <b>HAINES CITY FL 33844</b>
12.21 TITLE: _____	12.22 NAME: _____	12.23 STREET ADDRESS: _____	12.24 CITY, ST, ZIP: _____

13.1 TITLE: <b>C/D</b>	13.2 NAME: <b>MCLAUGHLIN, LEONARD L.</b>	13.3 STREET ADDRESS: <b>231 E. LAKE AVENUE</b>	13.4 CITY, ST, ZIP: <b>AUBURNDALE, FLORIDA 33823</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE: <b>Q/D</b>	13.6 NAME: <b>BASS, FLOYD L. SR.</b>	13.7 STREET ADDRESS: <b>203 GROVE RIDGE DRIVE</b>	13.8 CITY, ST, ZIP: <b>WINTER HAVEN, FL. 33880</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE: <b>ASD</b>	13.10 NAME: <b>SPICER, DENNIS W.</b>	13.11 STREET ADDRESS: <b>516 LEMON STREET</b>	13.12 CITY, ST, ZIP: <b>AUBURNDALE, FL. 33823</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE: <b>S/V/C</b>	13.14 NAME: <b>GRAYSON, MICHAEL D.</b>	13.15 STREET ADDRESS: <b>556 MARKLEN LOOP</b>	13.16 CITY, ST, ZIP: <b>BOLK CITY, FL. 33868</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 TITLE: <b>J/V/C</b>	13.18 NAME: <b>SHIELDS, JACK R.</b>	13.19 STREET ADDRESS: <b>119 E HAMPTON DR.</b>	13.20 CITY, ST, ZIP: <b>AUBURNDALE, FL. 33823</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.21 TITLE: _____	13.22 NAME: _____	13.23 STREET ADDRESS: _____	13.24 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REMITTED BY MAY 1**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equate to the assumption stated in Section 118.07(2)(b), 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 in person. 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 or changed, or on an attachment with an address.

SIGNATURE: *Floyd L. Bass Sr.* **FLOYD L. BASS SR.** 4-24-95 (RH) 967-4785