

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 766150 (7)

1. Corporation Name
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

3. Date Incorporated or Qualified: 12/15/1982
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-6162519	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input type="checkbox"/>	
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30			<input type="checkbox"/>	
24				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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: *Floyd L. Bass Sr.* Bass Floyd L. Sr. 5-29-96
Signature, typed or printed name of registered agent and title if applicable. (SOLE Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	CD
NAME	MCLAUGHLIN, LEONARD L.	12 NAME	HOLLOWAY, WILLIAM D.
STREET ADDRESS	231 E. LAKE AVENUE	13 STREET ADDRESS	116 PIKE STREET
CITY-ST-ZIP	AUBURNDALE FL	14 CITY-ST-ZIP	AUBURNDALE, FL. 33823
TITLE	OD	21 TITLE	
NAME	BASS, FLOYD L. SR.	22 NAME	
STREET ADDRESS	203 GROVE RIDGE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	24 CITY-ST-ZIP	
TITLE	ASD	31 TITLE	ASD
NAME	SPICER, DENNIS W.	32 NAME	BASS, FLOYD L. SR.
STREET ADDRESS	516 LEMON STREET	33 STREET ADDRESS	203 GROVE RIDGE DRIVE
CITY-ST-ZIP	AUBURNDALE FL	34 CITY-ST-ZIP	WINTER HAVEN, FL. 33880
TITLE	SVC	41 TITLE	SVC
NAME	GRAYSON, MICHAEL D.	42 NAME	SHIELDS, JACK R.
STREET ADDRESS	556 MARKLEN LOOP	43 STREET ADDRESS	119 HAMPTON DRIVE
CITY-ST-ZIP	POLK CITY FL	44 CITY-ST-ZIP	AUBURNDALE, FL. 33823
TITLE	VCD	51 TITLE	VCD
NAME	SHIELDS, JACK R.	52 NAME	GRAYSON, MICHAEL D.
STREET ADDRESS	119 E HAMPTON DR.	53 STREET ADDRESS	556 MARKLEN LOOP
CITY-ST-ZIP	AUBURNDALE FL	54 CITY-ST-ZIP	POLK CITY, FL. 33868
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Floyd L. Bass Sr.* Bass Floyd L. Sr. 5-29-96 (94) 967-4785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)