


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).

FILED

Jul 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
---	---	---

**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 <b>OF FOREIGN WARS OF THE UNITED STATES, INC.          231 EAST LAKE AVENUE          AUBURNDALE FL 33823</b>	Mailing Address <b>OF FOREIGN WARS OF THE UNITED STATES, INC.          231 EAST LAKE AVENUE          AUBURNDALE FL 33823</b>
---	---



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 Country
24	25
29	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/15/1982</b>	3a. Date of Last Report <b>06/05/1996</b>
4. FEI Number <b>59-6162519</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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOLLOWAY, WILLIAM D.</b>	1.2 NAME	<b>SHIELDS, JACK R.</b>
STREET ADDRESS	<b>116 PIKE ST.</b>	1.3 STREET ADDRESS	<b>119 HAMPTON DR</b>
CITY-ST-ZIP	<b>AUBURNDALE FL</b>	1.4 CITY-ST-ZIP	<b>Auburndale FL. 33823-5611</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASS, FLOYD L. SR.</b>	2.2 NAME	
STREET ADDRESS	<b>203 GROVE RIDGE DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ASD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASS, FLOYD L. SR</b>	3.2 NAME	
STREET ADDRESS	<b>203 GROVE RIDGE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SVC</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHIELDS, JACK R.</b>	4.2 NAME	<b>SVC George, Bobby L.</b>
STREET ADDRESS	<b>119 HAMPTON DR.</b>	4.3 STREET ADDRESS	<b>1054 BRENDA LANE</b>
CITY-ST-ZIP	<b>AUBURNDALE FL</b>	4.4 CITY-ST-ZIP	<b>Auburndale FL. 33823-9515</b>
TITLE	<b>VCD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRAYSON, MICHAEL D.</b>	5.2 NAME	<b>VCD Riposa, Tony.</b>
STREET ADDRESS	<b>556 MARKLEN LOOP</b>	5.3 STREET ADDRESS	<b>240 GOLF VIEW DR.</b>
CITY-ST-ZIP	<b>POLK CITY FL</b>	5.4 CITY-ST-ZIP	<b>Auburndale FL. 33823-5617</b>
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 REQUIRED

CR2E037 (4/97)