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Jul 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/15/1982	
4. FEI Number 59-6162519	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

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

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 CORBITT, RALPH L.
 82 Street Address (P.O. Box Number Is Not Acceptable) 409 ANDERSON DRIVE
 83
 84 City AUBURNDALE FL 85 Zip Code 33823**

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 *Ralph L. Corbett* DATE **7/13/98**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE CD	<input type="checkbox"/> DELETE
NAME SHIELDS, JACK R	
STREET ADDRESS 119 HAMPTON DR	
CITY-ST-ZIP AUBURNDALE FL 11	
TITLE OD	<input type="checkbox"/> DELETE
NAME BASS, FLOYD L. SR.	
STREET ADDRESS 203 GROVE RIDGE DRIVE	
CITY-ST-ZIP WINTER HAVEN FL	
TITLE ASD	<input type="checkbox"/> DELETE
NAME BASS, FLOYD L. SR	
STREET ADDRESS 203 GROVE RIDGE DRIVE	
CITY-ST-ZIP WINTER HAVEN FL	
TITLE SVC	<input type="checkbox"/> DELETE
NAME GEORGE, BOBBY L	
STREET ADDRESS 1054 BRENDA LANE	
CITY-ST-ZIP AUBURNDALE FL 15	
TITLE VCD	<input type="checkbox"/> DELETE
NAME RIPOSA, TONY	
STREET ADDRESS 240 GOLFVIEW DR	
CITY-ST-ZIP AUBURNDALE FL 17	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME MOYER, HENRY M.	
1.3 STREET ADDRESS 206 CANOVA DRIVE	
1.4 CITY-ST-ZIP AUBURNDALE, FL 33823-3704	
2.1 TITLE OD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME CORBITT, RALPH L.	
2.3 STREET ADDRESS 409 ANDERSON DRIVE	
2.4 CITY-ST-ZIP AUBURNDAKE, FL 33823	
3.1 TITLE ASD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME CORBITT, RALPH L.	
3.3 STREET ADDRESS 409 ANDERSON DRIVE	
3.4 CITY-ST-ZIP AUBURNDALE, FL 33823	
4.1 TITLE SVC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME RIPOSA, TONY	
4.3 STREET ADDRESS 240 GOLFVIEW DR.	
4.4 CITY-ST-ZIP AUBURNDALE, FL. 33823-3064	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE VCD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME ROBINSON, BRUCE C	
5.3 STREET ADDRESS 1211 CINNAMON WAY E.	
5.4 CITY-ST-ZIP LAKELAND, FL 33801	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME 800002593938	
6.3 STREET ADDRESS -07/21/98--01056--007	
6.4 CITY-ST-ZIP ***61.25	

14. I 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: *Henry M. Moyer* DATE: **JUL 18 98 9679220**

CP2E037 (10/97)