FILE	: NO	W:	FIL	ING	FEE	IS	\$61	.25

**NONPROFIT CORPORATION** ANNUAL REPORT



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

1996

DOCUMENT #

768135

(6)

WALTON COUNTY POST NO. 4437 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

r iii kapai r iake	or pasiness	Mailing Address						
1109 W. NEL:	SON AVE.	1109 W. NELSON AVE.						
P.O. BOX 89 DEFUNIAK SPRINGS FL 32433		P.O. BOX 89						
		DEFUNIAK SPRINGS FL	32433	2. Data language and an Outline	Ta: 5: () (5			
				3. Date Incorporated or Qualified	3a. Date of Last Report			
2 Principal Di	ace of Rusiness	Da Mailian Address		04/26/1983	03/23/1995			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For			
	# etc	26 Suite Ant # ste		51-0205150	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional			
City & State	2	City & State			Fee Hequired			
23	,	28		Election Campaign Financing     The Country Country	\$5.00 May Be			
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees			
24	25	29	<u> </u>	The dolps also that ideality for intelligible tax dides 5, 155,002				
9. Name and Address of Current Registered Agent			30   Florida Statutes					
	3, 114111 273 773 773	on nogiotores agent	81 Name		igistered Agent			
			J. Italia	Robert R. Smith				
	AMES W		82 Street	Ad 585 (PCO BOX Purpoet is Not Approprie	<del>)</del> )			
	DREWS RD							
* DEFUNIA	AK SPRINGS FL 32433		83					
•			84 City		es Zin Code			
				DeFuniak SPrings	FL 85 32433			
11. Pursuant t	to the provisions of Sections 617.050	02 and 617.1508, Florida Statute	s, the above-named co	orporation submits this statement for the purp	ose of changing its registered office			
familiar wit	th and accept the objections of Se	inoa. Such change was authorize iction 617.0503, Florida Statutes.	ed by the corporation's	board of directors. I hereby accept the appo	intment as registered agent. I am			
SIGNATURE /	Kalent R Xm	- Jack		5	-4-9/0			
<u>-</u>			E: Registered Agent signature r	required when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12			
TITLE ]	CT	XXIDELETE	1.1 TITLE	$c_{ m T}$	Change Addition			
NAME	Davis, James W		1.2 NAME	Smith, Robert R.				
STREET ADDRESS	193 ANOREWS RD		1.3 STREET ADDRESS	40 4 a				
CITY - ST - ZIP	DEFUNIAK SPINGS FL	VV	1.4 CITY - ST- ZIP	DeFuniak Springs, FL 3	321/33			
TITLE	T	XX DELETE	2 1 TITLE	т	Change Addition			
NAME	MULLIS, ROBY G		2.2 NAME		**			
STREET ADDRESS	7 CRESCENT ST		2.3 STREET ADDRESS	Edward Armbruster				
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		2 4 CITY-ST-ZIP	P.O. Box 635 (N/A)	al a			
TITLE	T	XX DELETE	31 TITLE	DeFuniak Springe, FL	XX Change Addition			
NAME	MCPHERSON, JAMES	7-2-1	3.2 NAME	Brocksmith, Michael				
STREET ADDRESS	ROUTE 7, BOX 1173G		33 STREET ADDRESS	369 South 12th Street				
CITY-ST-ZIP	DEFUNIAK SPRINGS FL		34. City-St-Zip	DeFuniak Springs, FL	เวโเรร			
TITLE	PRINCE OF THE OWNER OWNER OF THE OWNER OWNE	DELETE	41 TITLE	T	Change			
NAME			4. 2 NAME	4 *	And Change To Montion			
STREET ADDRESS				DAVIS JAMAS W.				
CITY-ST-ZIP			4.3 STREET ADDRESS	193 ANDRAWS RD				
TITLE		DELETE	4.4 CITY - ST - ZIP	DEFUNIAN SPEINGS FI	D Character Control			
1			51 TITLE		Change Addition			
NAME			5 2 NAME					
STREET ADDRESS			5 3 STREET ADDRESS					
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY - ST - ZIP					
TITLE		DELETE	6 1 TITLE	20000191 -08/13/960102	Addition ☐ Addition			
NAME :			6 2 NAME	-08/13/960102	27018			
STREET ADDRESS			6 3 STREET ADDRESS	***61.25				
CITY-ST-ZIP	***************************************		6 4 CITY - ST - ZIP					
14. I do hereby certify that	y certify that the information supplied the information indicated on this are	with this filing is voluntarily furnis	shed and does not qua	alify for the exemption stated in Section 119.0 curate and that my signature shall have the s	7(3)(V. Norida Statutes) further			
oath: that I	am an officer or director of the corr	nual report or supplemental annu noration or the receiver or trustee	iai report is true and ac emogwered to execut	curate and that my signature shall have the s te this report as required by Chapter 617, Flor				
appears in	Block 12 or Block 13 if changed, or	r on an attachment with an addre	ess. //	,,,,,,	7Dン ,			

SIGNATURE: