

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAR - 1 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 770789 (6)
1. Corporation Name
BYRD - WALLACE POST NO. 4351 VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.

Principal Place of Business Mailing Address
4501 AMELIA IS PKWY 4501 AMELIA IS PKWY
P.O. BOX 432 P.O. BOX 432
FERNANDINA BEACH FL 32034-0432 FERNANDINA BEACH FL 32034-0432

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 Zip 29 Country 30

3. Date Incorporated or Qualified 10/17/1983 3a. Date of Last Report 05/01/1994
4. FEI Number 59-6165452 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
LIKES, CARL T.
2837 SOUTH 14TH ST.
P.O. BOX 432
FERNINDINA BEACH FL 32034

10. Name and Address of Now Registered Agent
81 Name LEWIS, CLIFFORD G.
82 Street Address (P.O. Box Number is Not Acceptable) 1903 BEACH ST
83
84 City FERNANDINA BEACH FL 85 Zip Code 32034

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 *Clifford G Lewis* Clifford G Lewis 1/22/95
(Signature and typed or printed name of signing officer or director) (NOTE: Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LIKES, CARL T.
STREET ADDRESS	2837 S. 14TH ST.
CITY-ST-ZIP	FERNANDINA BEACH FL
TITLE	VD
NAME	THIRSK, JOHN JR.
STREET ADDRESS	2118 N. RIDGE LANE
CITY-ST-ZIP	FERNANDINA BEACH FL
TITLE	S
NAME	KELLEY, EDWARD L.
STREET ADDRESS	814 OAK LANE
CITY-ST-ZIP	FERNANDINA BEACH FL
TITLE	TD
NAME	NOBLES, CHARLES E.
STREET ADDRESS	3805 PARLIAMENT DRIVE
CITY-ST-ZIP	FERNANDINA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEWIS, CLIFFORD G.
1.3 STREET ADDRESS	1903 BEACH ST
1.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
2.1 TITLE	SETH, RAYMOND VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SETH, RAYMOND
2.3 STREET ADDRESS	4501 AMELIA ISLAND PKWY
2.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BEAMER, GEORGE P.
3.3 STREET ADDRESS	2413 1 ST AVE, W-4/804
3.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JAMES, J. MAZUR
4.3 STREET ADDRESS	2009 B NATURE'S LANE BOX 1269
4.4 CITY-ST-ZIP	FERNANDINA, BEACH, FL 32034
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DA
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	31

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 110.07(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 its 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 as provided, or on an attached sheet with an address.

SIGNATURE: *Clifford G Lewis* Clifford G Lewis 1/22/95 904-261-5888
(Signature and typed or printed name of signing officer or director) (Date) (Phone Number)