

**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 # **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 P.O. BOX 432 FERNANDINA BEACH FL 32034-0432	4501 AMELIA IS PKWY P.O. BOX 432 FERNANDINA BEACH FL 32034-0432

3. Date Incorporated or Qualified <b>10/17/1983</b>	3a. Date of Last Report <b>03/01/1995</b>
4. FEI Number <b>59-6165452</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**LIKES, CLIFFORD G**  
1903 BEECH ST.  
FERNINDINA BEACH FL 32034

81 Name	<b>LIKES, CARLT</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2837 S. 14TH ST</b>
83	
84 City	<b>FERNANDINA BEACH FL</b>
85 Zip Code	<b>32034</b>

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 CARL T. LIKES, PRESIDENT *Carl T. Likes* **2/13/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, CLIFFORD G	
STREET ADDRESS	1903 BEECH ST.	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SETH, RAYMOND	
STREET ADDRESS	4501 AMELIA ISLAND PKWY	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BEAMER, GEORGE P	
STREET ADDRESS	2413 1ST AVE. #V-4/804	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MAZUR, JAMES J	
STREET ADDRESS	2039 B NATURE'S LANE BOX 1263	
CITY-ST-ZIP	FERNANDINA BEACH FL 32004	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>LIKES, CARLT P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>LIKES, CARLT</b>	
1.3 STREET ADDRESS	<b>2837 S. 14TH ST</b>	
1.4 CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>	
2.1 TITLE	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BEAMER, G. PATRICK</b>	
2.3 STREET ADDRESS	<b>2413 1ST AVE, BOX 804-V4</b>	
2.4 CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>	
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MONEY, WILLIAM G</b>	
3.3 STREET ADDRESS	<b>802 N. 15TH ST</b>	
3.4 CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		
6.3 STREET ADDRESS		
6.4 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: *[Signature]* **2/13/96** (904) 261-6416  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)