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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770789 (6)

1. Corporation Name
BYRD - WALLACE POST NO. 4351 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business 4501 AMELIA IS PKWY P.O. BOX 432 FERNANDINA BEACH FL 32034-0432	Mailing Address 4501 AMELIA IS PKWY P.O. BOX 432 FERNANDINA BEACH FL 32034-5312
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3. Date incorporated or Qualified 10/17/1983	3a. Date of Last Report 02/21/1996
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2. Principal Place of Business 21 4613 AMELIA ISLAND PKWY Suite, Apt. #, etc.	2a. Mailing Address 26 P O BOX 432 Suite, Apt. #, etc.
22 City & State 23 FERNANDINA BEACH FL	27 City & State 28 FERNANDINA BEACH FL
24 Zip 32034	25 Country
29 Zip 32035-0432	30 Country

4. FEI Number 59-6165452	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LIKES, CARL T.
2837 S 14TH STREET
FERNINDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81 Name WILLIAM G MONEY
82 Street Address (P.O. Box Number is Not Acceptable) 1261 FOREST DR
83
84 City FERNANDINA BEACH FL FL 85 Zip Code 32034

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 *William G. Money* **WILLIAM G MONEY, COMMANDER (PRESIDENT)** **1/13/97**
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	LIKES, CARL T.	
STREET ADDRESS	2837 S 14TH STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BEAMER, G. PATRICK	
STREET ADDRESS	2413 1ST AVENUE, BOX 804-V4	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BEAMER, GEORGE P	
STREET ADDRESS	2413 1ST AVE. #V-4/804	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MONEY, WILLIAM G.	
STREET ADDRESS	802 N 15TH STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MONEY, WILLIAM G	
1.3 STREET ADDRESS	1261 FOREST DR	
1.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BURK, WILLIAM C	
3.3 STREET ADDRESS	2144 SAPELO CT	
3.4 CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PRESCOTT, DOUGLAS C	
4.3 STREET ADDRESS	2057 ORCA CT	
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		
6.3 STREET ADDRESS		
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: *Patrick Beamer* **G. PATRICK BEAMER** **13 JAN 97 (904) 261-6416**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000263

CFR2E037 (9/96)