


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 16 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>4613 AMELIA ISLAND PKWY                  FERNANDINA BEACH FL 32034-0432                  US</b>	Mailing Address <b>P O BOX 432                  FERNANDINA BEACH FL 32034-0432                  US</b>
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3. Date incorporated or Qualified <b>10/17/1983</b>	
4. FEI Number <b>59-6165452</b>	Applied For <input type="checkbox"/> 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>	
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 checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 4613 AMELIA RD</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

9. Name and Address of Current Registered Agent

**MONEY, WILLIAM G**  
**1261 FOREST DR**  
**FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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)** **9 FEB 98**  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MONEY, WILLIAM G	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1261 FOREST DR	1.2 NAME	
STREET ADDRESS	FERNANDINA BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD BEAMER, G. PATRICK	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2413 1ST AVENUE, BOX 804-V4	2.2 NAME	
STREET ADDRESS	FERNANDINA BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD BURK, WILLIAM C	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2144 SAPELO CT	3.2 NAME	
STREET ADDRESS	FERNANDINA BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD PRESCOTT, DOUGLAS C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2057 ORCA CT	4.2 NAME	
STREET ADDRESS	FERNANDINA BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *G. Patrick Beamer* **G. PATRICK BEAMER** **9 FEB 98** **(904) 261-6416**

CR2E037 (10/97)