1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 770789

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

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

Principal Place of Business	1 61 .	Mailing Address	< 01	
4613 AMELIA ISLAND PKWY	Suchange.	Mailing Address P O BOX 432 FERNANDINA BEACH US	Ju Cu	enge
FERNANDINA BEACH FL 32034-0432	2	FERNANDINA BEACH	FL : 32034-0432 *	0
US		US		

FILED Mar 02, 1999 8:00 am § Secretary of State

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US	BEACH FL 32034-0432	Y FERNAN US	idina beach fl	-32034-043	32 -	O					
2. Principal Place of Business 2a. Mailing Address 24 POBOX 15432							3. Date Inc. 10/17/	orporated or Qualifed			
21 4613 A Suite, Apt			OBOX 154 e, Apt. #, etc.	32			4. FEI Nun			A	plied For
22 Suite, Apr.	. #, etc.	27	е, дра н, ос.				59-616				t Applicable
City & Sta	te		& State				5. Certifcat	e of Status Desired		· ·	Additional equired
Zip	Country	Zip		Cou	untry		6. Election	Campaign Financing		\$5.00	May Be
24	25	29 3	2035-3108	30	•			nd Contribution		Added	•
	9. Name and Address of Currer	nt Registered	l Agent	11	T T		10. Name a	nd Address of New	Registered .	Agent	
					81	Name					
MONEY,	WILLIAM G				82	Street Add	dress (P.O. Box I	Number is Not Accept	able)		
1261 FOI	rest dr IIna Beach Fl 32034				83						
FERMIND	IINA DEMON PL 32034				84	City				85 Zip	Code .
									FL	لـ	
office or agent. I a SIGNATURE	t to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obligations of the state of the sta	ations of, Sect	(ion 617.0503, F	ionda Stat	wes.	•	ired when reinstating)	rectors. Thereby acce	DATE	millent as re	gistered
			ade, (NO:	TE: Registered	d Agen	r sifiremie redai	LBO Assetti Lanzerani (S)				
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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 to or an attachment with an address, with all other like empowered.

SIGNATURE:

23JAN99 (904) 261-6416

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

Daytime Phone #