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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 770789

1. Corporation Name

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

Principal Place of Business

4613 AMELIA ISLAND PKWY FERNANDINA BEACH FL 32034-0432 US

Mailing Address

P O BOX 432 FERNANDINA BEACH FL 32034-0432 US



2. Principal Place of Business

21 4613 AMELIA RD

Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

28 P O BOX 15432

Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

10/17/1983

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

9. Name and Address of Current Registered Agent

MONEY, WILLIAM G 1261 FOREST DR FERNINDINA 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

FL

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

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  DELETE

NAME MONEY, WILLIAM G STREET ADDRESS 1261 FOREST DR CITY-ST-ZIP FERNANDINA BEACH FL

TITLE STD  DELETE

NAME BEAMER, G. PATRICK STREET ADDRESS 2413 1ST AVENUE, BOX 804-V4 CITY-ST-ZIP FERNANDINA BEACH FL

TITLE VD  DELETE

NAME BURK, WILLIAM C STREET ADDRESS 2144 SAPELO CT CITY-ST-ZIP FERNANDINA BEACH FL

TITLE  DELETE

NAME STREET ADDRESS CITY-ST-ZIP

TITLE  DELETE

NAME STREET ADDRESS CITY-ST-ZIP

TITLE  DELETE

NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE TD  Change  Addition

2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE SD  Change  Addition

4.2 NAME EUGENE F. GOODE 4.3 STREET ADDRESS RT 1 BOX 2030 LESSIE RD 4.4 CITY-ST-ZIP HILLIARD FL 32046

5.1 TITLE  Change  Addition

5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: G. PATRICK BEAMER SIGNATURE REQUIRED

23JAN99 (904) 261-6416

Date

Daytime Phone #

CR2E037 (11/98)