

FILE NOW: FILING FEE IS \$61.25

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May 08 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 # **771308** (4)

1. Corporation Name

JOHN C. GAINOUS POST NO. 10069 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

**1774 TROUT AVENUE
PO BOX 527
PORT ST. JOE FL 32456
US**

**P.O. BOX 527
PORT ST. JOE FL 32457-0527
US**



2. Principal Place of Business 21 1774 TROUT AVE Suite, Apt. #, etc. 22 (HIGHLAND VIEW) City & State 23 PORT ST JOE Zip 24 32456		2a. Mailing Address 26 P.O. BOX 527 Suite, Apt. #, etc. 27 City & State 28 PORT ST JOE, FL Zip 29 32457		3. Date Incorporated or Qualified 11/17/1983	3a. Date of Last Report 04/24/1996
4. FEI Number 59-1863143		Applied For 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

**SCHLICKMAN, WILLIAM R.
509 THIRD STREET
PORT ST. JOE FL 32456**

10. Name and Address of New Registered Agent

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

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 **HARRY L PAUL** DATE **4-25-97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARENDO, WILFRED L.	1.2 NAME	SCHLICKMAN, WILLIAM R
STREET ADDRESS	1914 CYPRESS STREET	1.3 STREET ADDRESS	509 THIRD ST
CITY-ST-ZIP	PORT ST. JOE FL	1.4 CITY-ST-ZIP	PORT ST JOE, FL 32456
TITLE	SVD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEEFELDT, ROCHARD S.	2.2 NAME	
STREET ADDRESS	P.O. BOX 13809 NA	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEXICO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	GMD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, HARRY L	3.2 NAME	
STREET ADDRESS	183 S. SEMINOLE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. JOE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		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 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: **HARRY L PAUL** DATE **4-25-97** (904) 229-4442
Signature typed or printed name of signing officer or director

CR2E037 (9/96)