

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N02686 (6)
 1. Corporation Name
VETERANS VILLAGE POST NO. 343, INCORPORATED



Principal Place of Business 3120 7 SPRINGS BLVD. SEVEN SPRINGS FL 34655	Mailing Address 3120 7 SPRINGS BLVD. SEVEN SPRINGS FL 34655
---	---

3. Date Incorporated or Qualified 04/23/1984	3a. Date of Last Report 03/15/1995
4. FEI Number 59-1817917	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 type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent BRAZIL, JOSEPH J. 3408 DELLEFIELD ST SEVEN SPRINGS FL 34655	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DC NAME: ROBINSON, KATHRYN STREET ADDRESS: 3319 BRIAR CLIFF DRIVE CITY-ST-ZIP: HOLIDAY FL <input checked="" type="checkbox"/> DELETE	TITLE: DVC NAME: LEDWITH, THOMAS J STREET ADDRESS: 4824 SWALLOWTAIL DRIVE CITY-ST-ZIP: NEW PORT RICHEY FL <input checked="" type="checkbox"/> DELETE	11 TITLE: DC 12 NAME: HAROLD MORAN 13 STREET ADDRESS: 4323 SWALLOWTAIL DR. 14 CITY-ST-ZIP: NEW PORT RICHEY, FL. 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	21 TITLE: DVC 22 NAME: WALTER J. HARTSHORE 23 STREET ADDRESS: 6012 REDHAWK DR. 24 CITY-ST-ZIP: NEW PORT RICHEY, FL. 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DVC NAME: WRIGHT, DAVID C STREET ADDRESS: 7444 ABINGTON AVE CITY-ST-ZIP: SEVEN SPRINGS FL <input type="checkbox"/> DELETE	TITLE: AT NAME: LEEVER, DOUGLAS S STREET ADDRESS: 14016 BLUEGILL LANE CITY-ST-ZIP: HUDSON FL <input checked="" type="checkbox"/> DELETE	31 TITLE: 32 NAME: 33 STREET ADDRESS: 34 CITY-ST-ZIP:	41 TITLE: AT 42 NAME: KATHRYN L. ROBINSON 43 STREET ADDRESS: 3319 BRIAR CLIFF DR. 44 CITY-ST-ZIP: HOLIDAY FL. 34691 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: F NAME: MIELE, FRANK STREET ADDRESS: 7407 ABINGTON AVE CITY-ST-ZIP: SEVEN SPRINGS FL <input type="checkbox"/> DELETE	TITLE: D NAME: BRAZIL, JOSEPH J. STREET ADDRESS: 3408 DELLEFIELD ST CITY-ST-ZIP: SEVEN SPRGS FL <input type="checkbox"/> DELETE	51 TITLE: 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:	61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Frank Miele* **FINANCE OFFICER** **1/24/96** **813-376-3582**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)