

FILE NOW: FILING FEE IS \$61.25

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Mar 24 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 # **N03156** (9)

1. Corporation Name

**APALACHEE VALLEY, POST 7672. VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.**

Principal Place of Business	Mailing Address
P.O. BOX 430 FIRST STREET & SECOND AVENUE BRISTOL FL 32321	P.O. BOX 430 FIRST STREET & SECOND AVENUE BRISTOL FL 32321-0430



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/17/1984	3a. Date of Last Report 02/19/1996
21		26		4. FEI Number 59-2319302	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	30
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PICKRON, BOBBY G.
HWY 12 S.
BRISTOL FL 32321**

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

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	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKRON, BOBBY G.	12 NAME	
STREET ADDRESS	P.O. BOX 243 HWY 12 S.	13 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN JAMES D.	22 NAME	
STREET ADDRESS	RT. 1 BOX 103 HWY 12 S	23 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, JOHN J.	32 NAME	
STREET ADDRESS	P.O. BOX 38 PEA RIDGE RD	33 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL	34 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, CHARLEY P	42 NAME	
STREET ADDRESS	P.O. BOX 111 SPRINGS STREET	43 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL 32321	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

BOBBY G. PICKRON

Feb-25, 1997 904
663-4631

Date

Daytime Phone #0008264

CR2E037 (9/96)