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FILED
Feb 27 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 # N03334 (2)
1. Corporation Name
GREEN COVE SPRINGS POST NO. 1988 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business 421 S ORANGE AVE P.O. BOX 883 GREEN COVE SPRINGS FL 32043 US	Mailing Address 421 S ORANGE AVE P.O. BOX 883 GREEN COVE SPRINGS FL 32043-0883
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3. Date Incorporated or Qualified 05/30/1984	3a. Date of Last Report 04/17/1996
4. FEI Number 59-6162480	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 checked="" 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
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9. Name and Address of Current Registered Agent
**CURTIS, WILLIAM W. JR
421 S ORANGE AVE
GREEN COVE SPRINGS FL 32043**

10. Name and Address of New Registered Agent
81 Name **HINES, RICHARD D. II**
82 Street Address (P.O. Box Number is Not Acceptable)
421 S. ORANGE AVE
83
84 City **GREEN COVE SPRINGS** FL 85 Zip Code **32043**

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: *Richard D. Hines II* **Richard D. Hines II** **Feb 19, 1997**
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	<input type="checkbox"/> DELETE
NAME	PARKE, RAY	
STREET ADDRESS	421 S ORANGE AVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CURTIS, WILLIAM W, JR	
STREET ADDRESS	421 S ORANGE AVE	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VIEGELMANN, OSCAR	
STREET ADDRESS	346 S. ORANGE AVE.	
CITY-ST-ZIP	GREEN COVE SPRGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WALTRIP, JOHN E.	
1.3 STREET ADDRESS	421 S. ORANGE AVE	
1.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HINES, RICHARD D. II	
2.3 STREET ADDRESS	421 S. ORANGE AVE	
2.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	OWEN, DALE R.	
3.3 STREET ADDRESS	421 S. ORANGE AVE	
3.4 CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Richard D. Hines II* **Richard D. Hines II** **Feb 3, 1997 (904) 284-0775**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000489

CR2E037 (9/96)