

FILE NOW: FILING FEE IS \$61.25

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Jun 02 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09012

1. Corporation Name  
**MASSEY - PETREY POST #4295 VETERANS OF FOREIGN WARS**

Principal Place of Business <b>1001 INGRAHAM AVE</b>	Mailing Address <b>PO BOX 2204 HAINES CITY 33845</b>
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2. Principal Place of Business 21 <b>1001 INGRAHAM AVE</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>PO BOX 2204</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified	3a. Date of Last Report <b>APRIL 1996</b>
22 City & State 23 <b>HAINES CITY FL 33844</b> Zip Country 24 <b>33844-9219</b> 25 <b>FL</b>		27 City & State 28 <b>HAINES CITY FL</b> Zip Country 29 <b>33844-9219</b> 30 <b>FL</b>		4. FEI Number <b>1-11111111</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

9. Name and Address of Current Registered Agent <b>CHARLES R. JENNINGS</b> <b>2308 MASON AVE.</b> <b>HAINES CITY FL 33844</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b>
				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 *Charles R. Jennings*  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input checked="" type="checkbox"/> OFFICER-AGENT <input type="checkbox"/> DELETE	NAME <b>CHARLES R. JENNINGS</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS <b>2308 MASON AVE</b>				1.2 NAME			
CITY-ST-ZIP <b>HAINES CITY FL 33844-9219</b>				1.3 STREET ADDRESS			
TITLE <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DELETE	NAME <b>HAROLD L. BACON</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS <b>904 S. 152 ST.</b>				2.2 NAME			
CITY-ST-ZIP <b>HAINES CITY FL 33844-9219</b>				2.3 STREET ADDRESS			
TITLE <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DELETE	NAME <b>KENNETH C. THOMPSON</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS <b>405 NANCY DR.</b>				3.2 NAME			
CITY-ST-ZIP <b>HAINES CITY FL 33844-9219</b>				3.3 STREET ADDRESS			
TITLE <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DELETE	NAME <b>GEORGE CAMPBELL</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS <b>40 FERN CRESCENT DR.</b>				4.2 NAME			
CITY-ST-ZIP <b>DAVENPORT FL 33837</b>				4.3 STREET ADDRESS			
TITLE <input type="checkbox"/> DELETE	NAME			4.4 CITY-ST-ZIP			
STREET ADDRESS				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE	NAME			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				6.2 NAME			
CITY-ST-ZIP				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 *Charles R. Jennings*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **4/17/97** Daytime Phone # **941-422-3282**

CR2E037 (9/96)