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FILED  
Apr 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N 12207

1. Corporation Name  
Brandon Post 4340, Veterans of Foreign Wars  
of the United States, Inc.

Principal Place of Business

Mailing Address

409 N. Moon Avenue  
Brandon, FL 33510

3. Date Incorporated or Qualified 21 November 1985	3a. Date of Last Report 6 February 1996
4. FEI Number 59-6162507	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Richard H. Weaver  
1801 Tamerlane Place  
Brandon, FL 33510

81 Name Richard H. Weaver
82 Street Address (P.O. Box Number is Not Acceptable) 1801 Tamerlane Place
83
84 City Brandon, FL
85 Zip Code 33510

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 H. Weaver*

(NOTE: Registered Agent signature required when reappointing)

3/14/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Post Commander <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	William A. Hayes
STREET ADDRESS		1.3 STREET ADDRESS	4409 Loma Vista Dr.
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	Valrico, FL 33594
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Sr. Vice Commander <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	George W. Goodspeed
STREET ADDRESS		2.3 STREET ADDRESS	3511 Westfield Dr.
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	Brandon, FL 33511
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-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-STATE-ZIP		4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-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 H. Weaver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97

Date

813-689-3773

Daytime Phone #

CR2E037 (9/96)