FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB -6 PM 12:21

DOCUMENT # N14633 (4)

1. Corporation Name

AMERICAN VETERANS OF WORLD WAR II, KOREA, AND VI ETNAM, POST 35, INC.

Principal Place of Business	Mailing Address
105 JOHN KING RD. C/O JESSE D. WAY CRESTVIEW FL 32536	105 JOHN KING RD. C/O JESSE D. WAY CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2863189 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 32539 Country 30

9. Name and Address of Current Registered Agent

WAY, JESSE D.
105 JOHN KING RD.
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HOON, BRUCE	1.2 NAME	
STREET ADDRESS	616 ALABAMA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MAY, BOBBY R.	2.2 NAME	
STREET ADDRESS	RT. 1, BOX 137	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	STILES, CLAUDE E.	3.2 NAME	
STREET ADDRESS	ROUTE 4, BOX 324	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	WAY, JESSE D.	4.2 NAME	
STREET ADDRESS	549 E. WILLIAM AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BOWMAN, FRED C.	5.2 NAME	
STREET ADDRESS	592 SOUTH FERDON BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 addition.

SIGNATURE: [signature] 1/30/95 (904)682-8485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BRUCE R. HOON

0071748