

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N14633 (4)

1. Corporation Name

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

Principal Place of Business

105 JOHN KING RD.  
C/O JESSE D. WAY  
CRESTVIEW FL 32536

Mailing Address

105 JOHN KING RD.  
C/O JESSE D. WAY  
CRESTVIEW FL 32539  
US



3. Date Incorporated or Qualified  
04/29/1986

3a. Date of Last Report  
02/06/1995

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

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

17. 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  
NAME PD  
STREET ADDRESS HOON, BRUCE  
CITY-ST-ZIP 616 ALABAMA AVE.  
CRESTVIEW FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME VD  
STREET ADDRESS MAY, BOBBY R.  
CITY-ST-ZIP RT. 1, BOX 137  
CRESTVIEW FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME D  
STREET ADDRESS STILES, CLAUDE E.  
CITY-ST-ZIP ROUTE 4, BOX 324  
CRESTVIEW FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME T  
STREET ADDRESS WAY, JESSE D.  
CITY-ST-ZIP 549 E. WILLIAM AVE  
CRESTVIEW FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME D  
STREET ADDRESS BOWMAN, FRED C.  
CITY-ST-ZIP 592 SOUTH FERDON BLVD.  
CRESTVIEW FL

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
300001855513  
-06/07/96--01040-012  
\*\*\*70.00  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 May 96

Date

9046785186

Daytime Phone #

CR2E037 (12/95)