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Apr 09 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 # 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 32539-8307

3. Date Incorporated or Qualified 04/29/1986	3a. Date of Last Report 06/07/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 32539-8307	29 32539-8307
Country	Country
25	30

4. FEI Number 59-2863189	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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
85 Zip Code FL 32539-8307

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 _____ 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	HOON, BRUCE
STREET ADDRESS	616 ALABAMA AVE.
CITY-ST-ZIP	CRESTVIEW FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	MAY, BOBBY R.
STREET ADDRESS	RT. 1, BOX 137
CITY-ST-ZIP	CRESTVIEW FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STILES, CLAUDE E.
STREET ADDRESS	ROUTE 4, BOX 324
CITY-ST-ZIP	CRESTVIEW FL
TITLE	T <input type="checkbox"/> DELETE
NAME	WAY, JESSE D.
STREET ADDRESS	549 E. WILLIAM AVE
CITY-ST-ZIP	CRESTVIEW FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BOWMAN, FRED C.
STREET ADDRESS	592 SOUTH FERDON BLVD.
CITY-ST-ZIP	CRESTVIEW FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hoon, Bruce
1.3 STREET ADDRESS	109 North Avenue, East
1.4 CITY-ST-ZIP	Crestview, FL 32536
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	May, Bobby R.
2.3 STREET ADDRESS	4045 Painter Branch Road
2.4 CITY-ST-ZIP	Crestview, FL 32539-9757
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Stiles, Claude E.
3.3 STREET ADDRESS	3440 Melissa Lane
3.4 CITY-ST-ZIP	Crestview, FL 32539-9107
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Way, Jesse D.
4.3 STREET ADDRESS	1217 Valley Road
4.4 CITY-ST-ZIP	Crestview, FL 32539-8907
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bowman, Fred C.
5.3 STREET ADDRESS	2904 Aplin Road
5.4 CITY-ST-ZIP	Crestview, FL 32539-6006
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.

CR2E037 (9/96)