

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N23880 (0)

1. Corporation Name

**POINCIANA POST, NO. 8120 VETERANS OF FOREIGN WAR
S OF THE UNITED STATES, INC.**

Principal Place of Business

**608 ESTRADA LANE
POINCIANNA FL 34758**

Mailing Address

**608 ESTRADA LANE
POINCIANNA FL 34758**



3. Date Incorporated or Qualified
12/15/1987

3a. Date of Last Report
02/22/1995

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

**MENDELSON, EDWARD D.
608 ESTRADA LANE
POINCIANA FL 34758**

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 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	DT	<input type="checkbox"/> DELETE
NAME	MENDELSON, EDWARD D.	
STREET ADDRESS	608 ESTRADA LN.	
CITY - ST - ZIP	POINCIANA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VIEIRA, ANTONE	
STREET ADDRESS	607 DROMEDARY CT	
CITY - ST - ZIP	POINCIANA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VIRDEN, ELI R.	
STREET ADDRESS	610 ESTRADA LANE	
CITY - ST - ZIP	POINCIANA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HATCHER, WALTER F.	
STREET ADDRESS	602 CADDY DRIVE	
CITY - ST - ZIP	POINCIANA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BURNETT, ROBERT E.	
STREET ADDRESS	624 KOALA CT	
CITY - ST - ZIP	POINCIANA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, EARL F	
STREET ADDRESS	706 E. GREEN CT.	
CITY - ST - ZIP	POINCIANA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	P
6.3 STREET ADDRESS	HURLEY, JOHN
6.4 CITY - ST - ZIP	650 GAZELLE DR POINCIANA, FL 34759

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:

Edward D. Mendelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edward D Mendelson, Treasurer

April 25, 1996

Date

107 Filing Form * 5141

CR2E037 (12/95)