

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 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 # **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 34758-3353
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/15/1987	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2298215	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
**MENDELSON, EDWARD D.
608 ESTRADA LANE
POINCIANA FL 34758**

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 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 Edward D Mendelson DATE 4/25/97
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	DT-5 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDELSON, EDWARD D.	1.2 NAME	
STREET ADDRESS	608 ESTRADA LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POINCIANA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEIRA, ANTONE	2.2 NAME	
STREET ADDRESS	607 DROMEDARY CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	POINCIANA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VRDEN, ELI R.	3.2 NAME	
STREET ADDRESS	610 ESTRADA LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POINCIANA FL	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCHER, WALTER F.	4.2 NAME	
STREET ADDRESS	602 CADDY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	POINCIANA FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETT, ROBERT E.	5.2 NAME	
STREET ADDRESS	624 KOALA CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	POINCIANA FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLEY, JOHN	6.2 NAME	
STREET ADDRESS	650 GAZELLE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	POINCIANA FL	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)(l), 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: Ed. Mendelson DATE 4/25/97 407-922-5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)