


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24445** (1)

1. Corporation Name

**FAIRWAYS POST NO. 5046 VETERANS OF FOREIGN WARS
OF THE UNITED STATES, INC.**



Principal Place of Business VETERANS OF FOREIGN WARS POST 5046 2149 PEBBLE BEACH BLVD ORLANDO FL 32826 US		Mailing Address VETERANS OF FOREIGN WARS POST 5046 2149 PEBBLE BEACH BLVD ORLANDO FL 32826 US		3. Date Incorporated or Qualified 01/21/1988	
2. Principal Place of Business 21 SAME AS ABOVE Suite, Apt. #, etc.		2a. Mailing Address 26 SAME AS ABOVE Suite, Apt. #, etc.		4. FEI Number 59-2854556 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
22 City & State 23		27 City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 25		29 Zip 30		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country 25		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHN YAKUBOWSKI
14115 LINDRECK CT
ORLANDO FL 32826**

81 Name WILLIAM LONG
82 Street Address (P.O. Box Number is Not Acceptable) 14345 HAZELTINE CT.
83 ORLANDO, FL 32826
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

William R. Long, Commander

1-24-98

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 D	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ORR, JOHN		1.2 NAME	
STREET ADDRESS 14326 WING FOOT RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KELSO, DONALD		2.2 NAME	
STREET ADDRESS 2167 CONGRESSIONAL DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32826		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KELLY, THOMAS R.		3.2 NAME	
STREET ADDRESS 14651 FIRESTONE ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32826		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KUCHARSKI, TED		4.2 NAME	
STREET ADDRESS 1733 INVERARY DR		4.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE:

Thomas R. Kelly

1/9/98

282-8757

CR2E037 (1097)