


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N34743 (7) 1. Corporation Name FLORIDA DISTRICT, 369TH VETERANS ASSOCIATION, IN C.		

Principal Place of Business PO BOX 10608 ST. PETERSBURG FL 33733-0608 US	Mailing Address PO BOX 10608 ST. PETERSBURG FL 33733-0608 US
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2. Principal Place of Business 21 P.O. Box 10657 Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 10657 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 10/17/1989		3a. Date of Last Report 03/07/1996	
23 ST. Petersburg, FL City & State Zip 33733-0657 Country U.S.		28 ST. Petersburg, FL City & State Zip 33733-0657 Country U.S.		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
24 0657		25 U.S.		29 0657		30 U.S.	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent HOBSON, ASHBY B. 115 3RD ST, W TERRA VERDE FL 33715				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			

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	PD HOBSON, ASHBY B. STREET ADDRESS 115 3RD ST, W CITY-ST-ZIP TERRA VERDE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V NUSOM, HERBERT STREET ADDRESS 16212 CASHMERE AVE CITY-ST-ZIP PORT CHARLOTTE FL	1.2 NAME	
TITLE	V BROWN, JAMES B STREET ADDRESS 8334 COLMA STREET CITY-ST-ZIP SPRING HILL FL	1.3 STREET ADDRESS	
TITLE	SD HOBSON, RONALDA STREET ADDRESS 115 3RD ST, W CITY-ST-ZIP TERRA VERDE FL	1.4 CITY-ST-ZIP	
TITLE	TD CAMBLE, FRED STREET ADDRESS 2500 18TH AVE. SOUTH CITY-ST-ZIP ST PETERSBURG FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BUTLER, LEONARD STREET ADDRESS 370 NE ITHACA ST CITY-ST-ZIP PORT CHARLOTTE FL	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 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.

SIGNATURE: **ASHBY B. HOBSON** 813
817-9244-
DATE: **SEP 15 1997**

CR2E037 (4/97)