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FILED

Jan 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37130 (4)

1. Corporation Name

BRADFORD COUNTY MEMORIAL, POST NO. 1016, VETERAN
S OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 367
STARKE FL 32091-0367POST OFFICE BOX 367
STARKE FL 32091-0367

3. Date Incorporated or Qualified

03/12/1990

3a. Date of Last Report

03/18/1996

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

SCHAEFER, CHARLES
500 S. WESTMORELAND STREET
STARKE FL 32091

PO BOX 992

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

CHARLES SCHAEFER

1-2-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	PIOBINO, ANTHONY	
STREET ADDRESS	RT. 1 BOX 514	
CITY - ST - ZIP	LAWTEY FL 32058	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ADKINS, CECIL	
STREET ADDRESS	RT.1 BOX 514	
CITY - ST - ZIP	LAWTEY FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOFFMAN, RUSSELL E	
STREET ADDRESS	310 W. LAFAYETTE ST.	
CITY - ST - ZIP	STARKE FL 32091	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	COMM	<input type="checkbox"/> DELETE
NAME	ROMOS-VARGAS, FELIX	
STREET ADDRESS	419 WATER STREET	
CITY - ST - ZIP	STARKE FL 32091	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	QM-T	<input type="checkbox"/> DELETE
NAME	SCHAEFER, CHARLES	
STREET ADDRESS	500 S. WESTMORELAND STREET	
CITY - ST - ZIP	STARKE FL 32091	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, SIDNEY J	
STREET ADDRESS	1206 DELL STREET	
CITY - ST - ZIP	STARKE FL 32091	

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:

CHARLES SCHAEFER

904-964-6655

CR2E037 (9/96)