

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 9:09

DOCUMENT # N38998 (3)

1. Corporation Name

AMERICAN VETERANS OF WORLD WAR II, KOREA AND VIE
TNAM, POST 231 OF FOUNTAIN, FLORIDA, INC.

Principal Place of Business

Mailing Address

21128 HWY. 231
FOUNTAIN FL 32438

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FOUNTAIN FL 32438

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1990

3a. Date of Last Report

06/15/1994

4. FBI Number

59-2961204

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status



\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes



Yes



No

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

CAPLE, JOHNNIE L.
124 N. E. AVE.
PANAMA CITY FL 32404

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Johnnie L. Caple

(NOTE: Registered Agent Signature Required when Relinquishing)

DATE

5-27-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CAPLE, JOHNNIE L.
STREET ADDRESS	124 N. E. AVE.
CITY - ST - ZIP	PANAMA CITY FL
TITLE	D
NAME	MORGAN, CHARLES F
STREET ADDRESS	13836 HWY 167
CITY - ST - ZIP	FOUNTAIN FL
TITLE	D
NAME	KLINGENSMITH, JOE E.
STREET ADDRESS	263 HIGHLAND CIR.
CITY - ST - ZIP	ALFORD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	D
3.3 STREET ADDRESS	ANDREWS, DON
3.4 CITY - ST - ZIP	13141 SHERRY LANE
	FOUNTAIN, FL. 32438
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 addition.

SIGNATURE:

Johnnie L. Caple

SIGNATURE AND TYPED OR PRINTED NAME OF BOULDER OFFICER OR DIRECTOR

Date

Signature Herein

5-27-95 904285-6087