


FILE NOW: FILING FEE IS \$61.25

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Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47204** (5)

1. Corporation Name

**CRESTVIEW, POST NO. 5450, VETERANS OF FOREIGN WA  
RS OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

**2240 W JAMES LEE BLVD  
CRESTVIEW FL 32536  
US**

**2240 W JAMES LEE BLVD  
CRESTVIEW FL 32536-9583  
US**

3. Date Incorporated or Qualified  
**02/06/1992**

3a. Date of Last Report  
**03/04/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
**59-2898228**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMAS S. ROBERTS  
658 RIDGE LAKE RD  
CRESTVIEW FL 32536**

81 Name **WILLIAM BEIER**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3142 EARL KENNEDY RD.**  
83  
84 City **CRESTVIEW** FL 85 Zip Code **32539**

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 Beier*

*DP*

*11 April 97*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THOMAS S. ROBERTS</b>	
STREET ADDRESS	<b>658 RIDGE LAKE RD</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MIKE TWISDALE</b>	
STREET ADDRESS	<b>4214 COOPER LANE</b>	
CITY-ST-ZIP	<b>MOLT FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>JAMES M. LEE</b>	
STREET ADDRESS	<b>3017 AIRPORT RD</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>WILLIAM BEIER</b>	
1.3 STREET ADDRESS	<b>3142 EARL KENNEDY RD.</b>	
1.4 CITY-ST-ZIP	<b>CRESTVIEW, FL 32539</b>	
2.1 TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BOBBY WAY</b>	
2.3 STREET ADDRESS	<b>4045 PAINTER BRANCH RD</b>	
2.4 CITY-ST-ZIP	<b>CRESTVIEW, FL 32539</b>	
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:

*William Beier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11 April 97*

Date

*689 1968*

Daytime Phone # 0073516

CR2E037 (9/96)