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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N47935 (4)			
1. Corporation Name LUTZ - LAND O'LAKES POST 4932 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.			
Principal Place of Business 4710 LAND O'LAKES BLVD STE 8 LAND O'LAKES FL 34639 US		Mailing Address P.O. BOX 396 LUTZ FL 33548-0396	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/20/1992	
22 City & State	27 City & State	3a. Date of Last Report 06/10/1996	
23 Zip	28 Zip	4. FEI Number 59-2985002	
24 Country	29 Country	Applied For <input type="checkbox"/> Not Applicable	
9. Name and Address of Current Registered Agent BOCOCK, GORDON L 7412 MOFFIT RD LAND O' LAKES FL 34639		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	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.		10. Name and Address of New Registered Agent	
SIGNATURE <i>Ira J. Smith</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		81 Name IRA J. SMITH	
		82 Street Address (P.O. Box Number is Not Acceptable) 1218 KAYAK COVE	
		83	
		84 City LUTZ	
		85 Zip Code FL 33549	
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	BOCOCK, GORDON L		
STREET ADDRESS	7412 MOFFIT RD		
CITY - ST - ZIP	LAND O' LAKES FL 34639		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	PACE, THOMAS W		
STREET ADDRESS	17625 GROVE VIEW DR.		
CITY - ST - ZIP	LUTZ FL 33549		
TITLE	DJV	<input type="checkbox"/> DELETE	
NAME	ORDWAY, ALVIN L JR		
STREET ADDRESS	564 SHELLY LANE		
CITY - ST - ZIP	WESLEY CHAPEL FL 33543		
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	IRA J SMITH		
1.3 STREET ADDRESS	1218 KAYAK COVE		
1.4 CITY - ST - ZIP	LUTZ FL 33549		
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	BOCOCK, GORDON L		
2.3 STREET ADDRESS	7412 MOFFIT RD		
2.4 CITY - ST - ZIP	LAND O'LAKES FL 34639		
3.1 TITLE	DJV	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	ORDWAY, ALVIN L JR		
3.3 STREET ADDRESS	564 SHELLY LANE		
3.4 CITY - ST - ZIP	WESLEY CHAPEL FL 33543		
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: <i>Gordon L. Boccock</i> SIGNATURE REQUIRED			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)