


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 03 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		 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 2209 LUTZ FL 33549 LAND O' LAKES, FL. 34639	
2. Principal Place of Business 21 4710 Land O' Lakes Blvd		2a. Mailing Address 28 P.O. BOX 2209	
Suite, Apt. #, etc. 22 8		Suite, Apt. #, etc. 27	
City & State 23 Land O' Lakes, Florida		City & State 28 LAND O' LAKES, FL	
Zip 24 34639		Country 25 PASCO	
9. Name and Address of Current Registered Agent IRA J. SMITH 1218 KAYAK COVE LUTZ FL 33549		10. Name and Address of New Registered Agent 81 Name GORDON L. BOCOCK 82 Street Address (P.O. Box Number is Not Acceptable) 7412 MOFFITT RD. 83 LAND O' LAKES, FLORIDA 84 City 85 Zip Code FL 34639	
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: <u>Gordon L. Bocock</u> GORDON L. BOCOCK 7/29/98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRA J SMITH 1218 KAYAK COVE LUTZ FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D QUARTERMASTER GORDON L. BOCOCK 7412 MOFFITT RD. LAND O' LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCOCK, GORDON L. 7412 MOFFITT RD. LAND O LAKES FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D COMMANDER DONALD L. MORGAN 14827 COLLEGE VIEW DR. DADE CITY, FLORIDA 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DJV ORDIWAY, ALVIN L JR 564 SHELLY LANE WESLEY CHAPEL FL 33543	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DJV VICE COMMANDER ALVIN L. ORDIWAY 6408 N 42nd STREET TAMPA, FLORIDA 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: <u>Gordon L. Bocock</u>		GORDON L. BOCOCK 7/29/98 813/996/0445	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (5/98)