


FILE NOW: FILING FEE IS \$61.25

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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51160** (2)
1. Corporation Name
REGULAR VETERANS ASSOCIATION POST NO. 363 INC.



Principal Place of Business 744 WOODVILLE HWY CRAWFORDVILLE FL 32327 US	Mailing Address 744 WOODVILLE HWY CRAWFORDVILLE FL 32327-0606 US
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3. Date Incorporated or Qualified 10/06/1992	3a. Date of Last Report 03/19/1996
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2. Principal Place of Business 21 726 WOODVILLE HWY Suite, Apt. #, etc. 22 City & State 23 CRAWFORDVILLE, FL Zip 24 32327	2a. Mailing Address 25 726 WOODVILLE HWY Suite, Apt. #, etc. 26 City & State 27 CRAWFORDVILLE, FL Zip 28 32327	4. FEI Number 51-0247900 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" 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
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9. Name and Address of Current Registered Agent DENNISON, DAVID 228 WOODVILLE HWY CRAWFORDVILLE FL 32327	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNISON, DAVID	1.2 NAME	
STREET ADDRESS	228 WOODVILLE HWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	CRAWFORDVILLE FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, ALLEN D	2.2 NAME	
STREET ADDRESS	RT 1 BOX 6151	2.3 STREET ADDRESS	
CITY - ST - ZIP	CRAWFORDVILLE FL	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, JERRY	3.2 NAME	D JEFF HUMPHRIES
STREET ADDRESS	RT 35 BOX 7040	3.3 STREET ADDRESS	1125 SHELL ISLAND RD
CITY - ST - ZIP	TALLAHASSEE FL	3.4 CITY - ST - ZIP	ST MARKS FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYNARD, HUST	4.2 NAME	
STREET ADDRESS	228 WOODVILLE HWY	4.3 STREET ADDRESS	
CITY - ST - ZIP	CRAWFORDVILLE FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLEY, JUANITA	5.2 NAME	
STREET ADDRESS	ACE HIGH STABLE RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	WOODVILLE FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: **DAVID DENNISON** *David Dennison* 904 421 0086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008893

CR2E037 (9/96)