

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000002079 (1)**

1. Corporation Name
JOE NIC BARCO MEMORIAL VFW POST 7122 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business: **8191 SOUTH FLORIDA AVENUE FLORAL CITY FL 34436**
Mailing Address: **POST OFFICE BOX 1119 FLORAL CITY FL 34436**

3. Date Incorporated or Qualified: **04/26/1994**
3a. Date of Last Report: **02/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-3213394	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**HATTEN, SIDNEY L SR
8299 S. YEW TER.
FLORAL CITY FL 34436**

10. Name and Address of New Registered Agent
81. Name: **Ferguson, Terry L.**
82. Street Address (P.O. Box Number is Not Acceptable): **8380 S. Cove Pt.**
83. City: **Floral City** State: **Fl.** Zip: **34436**
84. City: **FL** Zip Code: **85**

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 officer 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: *Terry L. Ferguson* **TERRY L. FERGERSON** DATE: **2-2-94**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	HATTEN, SIDNEY L SR	
STREET ADDRESS	8299 S. YEW TERRACE	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	SALYER, PAUL H	
STREET ADDRESS	7350 S. GROVE CIRCLE	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	D	<input checked="" type="checkbox"/>
NAME	QUINN, GEORGE E	
STREET ADDRESS	6670 E. SUBURGAN LANE	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Ferguson, Terry L.		
1.3 STREET ADDRESS	8380 S. Cove Pt.		
1.4 CITY-ST-ZIP	Floral City, Fl. 34436		
2.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Fischer, Fred P.		
2.3 STREET ADDRESS	7420 Camillia Ct.		
2.4 CITY-ST-ZIP	Floral City, FL. 34436		
3.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Puckett, Lee Roy		
3.3 STREET ADDRESS	8456 E. Henderson Tr.		
3.4 CITY-ST-ZIP	Inverness, Fl. 34450		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 119.07(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 address.

SIGNATURE: *Terry L. Ferguson* **TERRY L. FERGERSON** DATE: **1-19-94** 904
Signature typed or printed name of signing officer or director Daytime Phone # **637-0100**

CR2E037 (12/95)