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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhaag
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 Mailing Address
8191 SOUTH FLORIDA AVENUE POST OFFICE BOX 1119
FLORAL CITY FL 34436 FLORAL CITY FL 34436-1119

3. Date Incorporated or Qualified 04/26/1994 3a. Date of Last Report 03/04/1996
4. FEI Number 59-3213394 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

2. Principal Place of Business 2a. Mailing Address
21 8191 SO FLORIDA AVE 26 PO BOX 1119
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 FLORAL CITY FL 28 FLORAL CITY FL
Zip Country Zip Country
24 34436 25 FLORIDA 29 34436 30 FLORIDA

9. Name and Address of Current Registered Agent
FERGUSON, TERRY L
8380 SOUTH COVE POINT
FLORAL CITY FL 34438

10. Name and Address of New Registered Agent
81 Name MARSH CHARLES F
82 Street Address (P.O. Box Number is Not Acceptable) 11515 S TURNER AVE
83
84 City FLORAL CITY FL 85 Zip Code 34436

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 CHARLES F MARSH *Charles F Marsh* 1-13-97
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	FERGUSON, TERRY L	
STREET ADDRESS	8380 SOUTH COVE POINT	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FISCHER, FRED P	
STREET ADDRESS	7420 CAMILLA COURT	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PUCKETT, LEE R	
STREET ADDRESS	8456 EAST HENDERSON TRAIL	
CITY-ST-ZIP	INVERNESS FL	
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	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARSH CHARLES F	
1.3 STREET ADDRESS	11515 S TURNER AVE	
1.4 CITY-ST-ZIP	FLORAL CITY FL 34436	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CLARK DAVID D	
2.3 STREET ADDRESS	7870 E BROOKS LN	
2.4 CITY-ST-ZIP	FLORAL CITY FL 34436	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PUCKETT LEE R	
3.3 STREET ADDRESS	8456 E HENDERSON TRAIL	
3.4 CITY-ST-ZIP	INVERNESS FL 34450	
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: CHARLES F MARSH *Charles F Marsh* 1-13-97
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0085133

CR2E037 (9/96)