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Feb 18 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 # 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
4. FEI Number: 59-3213394
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
MARSH, CHARLES F.
11515 S. TURNER AVE.
FLORAL CITY FL 34438

10. Name and Address of New Registered Agent
81 Name: WILLIAM M KORB
82 Street Address (P.O. Box Number is Not Acceptable): 9124 SPOONBILL AV
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: *William M Korb* DATE: 2-11-98

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	MARSH, CHARLES F.	
STREET ADDRESS	11515 S. TURNER AVE.	
CITY - ST - ZIP	FLORAL CITY FL	
TITLE	VD	XX DELETE
NAME	CLARK, DAVID D.	
STREET ADDRESS	7870 E. BROOKS LANE	
CITY - ST - ZIP	FLORAL CITY FL	
TITLE	D	XX DELETE
NAME	PUCKETT, LEE R	
STREET ADDRESS	8456 EAST HENDERSON TRAIL	
CITY - ST - ZIP	INVERNESS FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	Change	XX Addition
1.2 NAME	KORB, WILLIAM M		
1.3 STREET ADDRESS	9124 SPOONBILL AV		
1.4 CITY - ST - ZIP	FLORAL CITY, FL 34436		
2.1 TITLE	VD	Change	XX Addition
2.2 NAME	FERGUSON, TERRY		
2.3 STREET ADDRESS	8380 S. COVE		
2.4 CITY - ST - ZIP	FLORAL CITY, FL 34436	XX Change	Addition
3.1 TITLE	D		
3.2 NAME	MARSH, CHARLES F		
3.3 STREET ADDRESS	11515 S. TURNER AV		
3.4 CITY - ST - ZIP	FLORAL CITY, FL 34436	Change	Addition
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I 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: WILLIAM M. KORB DATE: 1/28/98 352-637-0100

CR2E037 (10/97)