

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000003555 (9)

1. Corporation Name

**JOHN M MIXON POST NO. 3918, VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.**



Principal Place of Business

Mailing Address

**2500 15TH AVENUE
VERO BEACH FL 32960**

**2500 15TH AVENUE
VERO BEACH FL 32960**

2. Principal Place of Business

2a. Mailing Address

21 **2500 15th Ave.**

26 **2500 15th Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Vero Beach, Fla.**

28 **Vero Beach, Fla.**

Zip

Country

Zip

Country

24 **32960**

25 **USA**

29 **32960**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARNOLD, Henry A.

~~ARNOLD, HENRY A.~~ ~~XXXXXX XXXXXX~~
**2500 15TH AVE
VERO BEACH FL 32960**

81 Name

A. C. Peterson

82 Street Address (P.O. Box Number is Not Acceptable)

2500 15th Ave.

83

84 City

Vero Beach,

FL

85 Zip Code
32960

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

A.C. Peterson

Commander

2-22-96

12. OFFICERS AND DIRECTORS

TITLE	Commander	<input checked="" type="checkbox"/> DELETE
NAME	ARNOLD, HENRY A. A. C. Peterson	
STREET ADDRESS	XXXXXX XXXXXX 1425 48th Ct.	
CITY-STATE-ZIP	VERO BEACH FL 32966 Vero Beach, Fla	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	SKALACKI, BOHDON	
STREET ADDRESS	2448 19TH AVE	
CITY-STATE-ZIP	VERO BEACH FL 32960	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	ROMPH, EDWARD	
STREET ADDRESS	1060 US 1 LOT 3	
CITY-STATE-ZIP	VERO BEACH FL 32962	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, RIVERS	
STREET ADDRESS	P O BOX 61	
CITY-STATE-ZIP	VERO BEACH FL 32961	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ENGELL, ED	
STREET ADDRESS	2755 51ST AVE	
CITY-STATE-ZIP	VERO BEACH FL 32966	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MASON, DENNIS	
STREET ADDRESS	3945 58TH AVE	
CITY-STATE-ZIP	VERO BEACH FL 32966	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Commander	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	A. C. Peterson	
13 STREET ADDRESS	1425 48th Ct.	
14 CITY-STATE-ZIP	Vero Beach, Fla. 32966	
21 TITLE	Sr. V. Cndr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Mathew Richard "Rick" Moore	
23 STREET ADDRESS	2135 Coriova Ave.	
24 CITY-STATE-ZIP	Vero Beach, Fla. 32961	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	Jr. V. Cmdr	
32 NAME	Martha Perkins	
33 STREET ADDRESS	19 Bonanza Lane	
34 CITY-STATE-ZIP	Vero Beach, Fla. 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	1st Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Edgar Lohman	
43 STREET ADDRESS	1548 Highland Ave.	
44 CITY-STATE-ZIP	Vero Beach, Fla. 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	2nd Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Dennis Mason	
53 STREET ADDRESS	3945 58th Ave.	
54 CITY-STATE-ZIP	Vero Beach, Fla. 32966	
61 TITLE	3rd Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Henry C. Arnold	
63 STREET ADDRESS	6374 12th St.	
64 CITY-STATE-ZIP	Vero Beach, Fla. 32966	

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:

A.C. Peterson **Commander**

2/22/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)