

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000005215 (8)  
1. Corporation Name

CARL S. GEARHART, SR. POST 7256 VETERANS OF FORE  
IGN WARS OF THE UNITED STATES, INC.



Principal Place of Business Mailing Address  
4131 TREIMAN BLVD PO BOX 1892  
RIDGE MANOR FL 33525 DADE CITY FL 33525

3. Date Incorporated or Qualified 10/21/1994 3a. Date of Last Report 03/16/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3212990	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

FLAGG, DONALD T  
4131 TREIMAN BLVD  
RIDGE MANOR FL 33525

10. Name and Address of New Registered Agent

81 Name WATTS, KENNETH L.  
82 Street Address (P.O. Box Number is Not Acceptable) 4131 TREIMAN BLVD  
83 RIDGE MANOR, F  
84 City FL 85 Zip Code 33525

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 617.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

8/6/96

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	KEY, JOHN F III	
STREET ADDRESS	PO BOX 723 N/A	
CITY - ST - ZIP	TRILBY FL 33593	
TITLE	VD	DELETE
NAME	KIPP, PERCIVAL H	
STREET ADDRESS	4131 TREIMAN BLVD	
CITY - ST - ZIP	RIDGE MANOR FL 33525	
TITLE	SD	DELETE
NAME	RITCHIE, FANNIE	
STREET ADDRESS	PO BOX 723 N/A	
CITY - ST - ZIP	TRILBY FL 33593	
TITLE	TD	DELETE
NAME	FLAGG, DONALD T	
STREET ADDRESS	PO BOX 1784	
CITY - ST - ZIP	DADE CITY FL 33526	
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	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

TD WATTS, KENNETH L.  
P.O. Box 1892  
DADE CITY, FL 33526

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96 (352) 583-9939