


FILED

Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <div style="text-align: center; font-size: 1.2em; font-weight: bold;">1997</div>		FLORIDA DEPARTMENT OF STATE <div style="text-align: center;"> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS </div>
DOCUMENT # N95000000428 (1) 1. Corporation Name <div style="text-align: center; font-size: 1.1em;">United States Veterans Shrine, Inc.</div>		
Principal Place of Business 12560 Timber Pine Trail Wellington, FL 33414		Mailing Address <div style="text-align: center;">Same</div>
2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;">21</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">22</div> City & State <div style="border: 1px solid black; padding: 2px;">23</div> Zip <div style="border: 1px solid black; padding: 2px;">24</div> Country	2a. Mailing Address <div style="border: 1px solid black; padding: 2px;">26</div> Suite, Apt. #, etc. <div style="border: 1px solid black; padding: 2px;">27</div> City & State <div style="border: 1px solid black; padding: 2px;">28</div> Zip <div style="border: 1px solid black; padding: 2px;">29</div> Country	<div style="border: 1px solid black; padding: 2px;">30</div> Country
9. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Slayman, Glen E. 12560 Timber Pine Trail Wellington, FL 33414 </div>		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.		
SIGNATURE _____ (NOTE: Registered Agent signature required)		
OFFICERS AND DIRECTORS		
12. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> DELETE D Chaplin James C. Britt 500 Everglades Ave. Canal Point, FL 33434 </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> DELETE D Rev. Norman Slayman 4250 Tall Oak Lane New Port Richey, FL 34656 </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> DELETE D Rev. Frank Smith 6572 Immokolee Road Keystone Heights, FL 32656 </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> DELETE D Rev. Edward Hanley 505 Washington St. New Galilee, PA 15141 </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> DELETE T Dr. Glen Slayman 12560 Timber Pine Trail Wellington, FL 33414 </div>	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 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 6.1 TITLE 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 information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.		
SIGNATURE: <i>Glen Slayman</i> GLEN SLAYMAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E037 (9/96)