

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # N95000000431 (5)

1. Corporation Name

FORT PIERCE NORTHSIDE POST #10554 VETERANS OF FO
REIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

3035 N US ONE
FT PIERCE FL 34646

Mailing Address

3035 N US ONE
FT PIERCE FL 34946-8741



3. Date Incorporated or Qualified
01/25/1995

3a. Date of Last Report
06/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0550895

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

9. Name and Address of Current Registered Agent

MASSEY, HERMAN
3035 N US ONE
FT PIERCE FL 34646

10. Name and Address of New Registered Agent

81 Name

WILLIAM T. CHASE

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

3035 N US ONE

83

84 City

FT PIERCE

FL

85 Zip Code

34646

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

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 D FORD, RAY DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
2780 TALL PINE ST.
FT. PIERCE FL 34945

TITLE D CERBASI, VINCENT DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
5805 RIDGE CT.
YEEHAW JUNCTION FL 34972

TITLE D MASSEY, HERMAN DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
709 NE GALILEAN
PORT ST LUCIE FL 34983

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 D Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
MOORE, DONALD B
2507 OLD DIXIE HWY
FORT PIERCE FL 34945

2.1 TITLE D Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DELEGAL, SANFORD W
4539 ZAPOTE
FORT PIERCE FL 34961

3.1 TITLE D Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
CHASE, WILLIAM T
37 FLORES DEL NORTE
FT PIERCE FL 34961

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 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:

WILLIAM T. CHASE
NATURAL REQUIRED

25 APR 97

Daytime Phone # 0070756

CR2E037 (9/96)