

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001772 (1)

1. Corporation Name

FOREST CORNERS POST 8267 VETERANS OF FOREIGN WAR
S OF THE UNITED STATES, INC.

Principal Place of Business

761 COUNTY ROAD SOUTH
FOREST CORNERS FL

Mailing Address

P.O. BOX 2319
SILVER SPRINGS FL 34489-2319



3. Date Incorporated or Qualified
04/14/1995

3a. Date of Last Report
NA

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARPER, MURPHY N
151 NE 169 AVE.
SILVER SPRINGS FL 34488-5306

81 Name

ROBERT L. GILL

82

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

16809 SE 6th LN

83

84

City

SILVER SPRINGS

FL

85

Zip Code

34488

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 ROBERT L. GILL

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

Robert L. Gill

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

1

COMMANDER

DELETE

NAME

RICHARD L. GARDNER

STREET ADDRESS

450 SE 16th AVE.

CITY-ST-ZIP

SILVER SPRINGS FL 34488

TITLE

2

QUARTER MASTER

DELETE

NAME

ROBERT L. GILL

STREET ADDRESS

16809 SE 6th LANE

CITY-ST-ZIP

SILVER SPRINGS FL 34488

TITLE

3

SR. VICE COMMANDER

DELETE

NAME

LAURENCE P. WADE

STREET ADDRESS

16388 NE 13th PL

CITY-ST-ZIP

SILVER SPRINGS FL

TITLE

4

NAME

DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

5

NAME

DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

6

NAME

DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

7

NAME

DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

8

NAME

DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

9

NAME

DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

10

NAME

DELETE

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

COMMANDER

Change

Addition

1.2 NAME

DONALD J. RODGERS

1.3 STREET ADDRESS

17880 NE 61st ST RD

1.4 CITY-ST-ZIP

SILVER SPRINGS FL 34488

2.1 TITLE

QUARTER MASTER

Change

Addition

2.2 NAME

RICHARD L. GARDNER

2.3 STREET ADDRESS

450 SE 16th AVE

2.4 CITY-ST-ZIP

SILVER SPRINGS FL 34488

3.1 TITLE

SR VICE COMMANDER

Change

Addition

3.2 NAME

EDWARD J. NEWMAN

3.3 STREET ADDRESS

6801 NE 2nd LOOP

3.4 CITY-ST-ZIP

ORLANDO FL 34470

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***61.25

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

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:

Richard L. Gardner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 11, 1996 352

Date Daytime Phone #

CR2E037 (12/95)