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Jun 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000000882 (8)

1. Corporation Name

REGULAR AMERICAN VETERANS INC. NATIONAL HEADQUAR
TERS



Principal Place of Business Mailing Address
P O BOX 590 PANACEA FL 32348 P O BOX 590 PANACEA FL 32348-0590

3. Date Incorporated or Qualified 02/16/1996 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 3049 CRAWFORDVILLE HY 26 PO BOX 1860
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 CRAWFORDVILLE FL. 28 CRAWFORDVILLE FL.
Zip Country Zip Country
24 32326 25 WAKULLA 29 32326 30 WAKULLA

4. FEI Number 59-3280603 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
HEARON, JOHN F
4640 COASTAL HWY
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	JOHN F. HEARON NATIONAL COMMANDER 4640 COASTAL HWY CRAWFORDVILLE FL 32327	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE S	NATIONAL SR. VICE COMMANDER RICHARD YELTON 201 E. MONTEREY POMONA CA. 91766	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	NATIONAL JR VICE COMMANDER JERRY CARTER RT.5 BOX 765 TALLAHASSEE FL 32311	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE T	NATIONAL QTMSTR. VESTER E. ADAMS RT.5BOX 1065 TALLAHASSEE FL 32311	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	NATIONAL ADJUAUT MICHAEL SMITG 601 EMERALD ACRES CRAWFORDVILLE FL.	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E037 (9/96)