FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jul 01 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N96000003745 (4)

BIG PINE KEY POST NO. 4729 VETERANS OF FOREIGN W ARS OF THE UNITED STATES, INC.

						. B	EI B!!!
Principal Place of Business Mailing Address							
FERN AVE. & ORLANDER ST. PO BOX 1641 BIG PINE KEY FL 33043 BIG PINE KEY FL 33043							
					3. Date Incorporated or Qualified 3a 07/01/1996	a. Date of Last Repo	ort
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Appli	ed For
21 26		26			65-0295683 Not Applicat		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Add	
22		27			or common or states secured	Fee Requ	ired
City & Stat		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Mi Added to F	
Zip	Country	Zip	Country	'	8. This corporation has liability for intang		99.032,
24	25	29	30			s No	
	9. Name and Address of Curre	ent Hegistered Agent	B1	Name	10. Name and Address of New Registe	reo Agent	
			"	IVAITIE			
BARRON, DANNIEL FERN AVE. & ORLANDER ST.			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
			83	ļ			
BIG PINE KEY FL 33043			**				
			84	City		FL 85 Zip Co	de
11. Pursuant	to the provisions of Sections 617 OF	i02 and 617 1508. Florida Statu	iles the above	L			egistered
office or r	egistered agent, or both, in the State	e of Florida. Such change was	authorized by	the corp	corporation submits this statement for the purpo oration's board of directors. I hereby accept the	appointment as req	gistered
	m lamiliar with, and accept the obli	gations of, Section 617.0503, F	TUTICA STATUTES	s.			
"SIGNATURE	Stgnature, typed or printed name of registered a	gent and title if applicable. (NC	TE: Registered Age	ent signature r	equired when reInstating) DA	(TE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	N 12
TITLE	PD		1.1 TITLE PD			☐ Change 1	Addition
NAME	CARLSON, HOWARD		1.2 NAME		FRED SIABO		
STREET ADDRESS 11040 - 1ST AVE. GULF			1.3 STREET	ADDRESS	P.O.BOX 430247 NA		
CITY-ST-ZIP	MARATHON FL 33050		1.4 CITY+ S	T-ZIP	BIG PINE KEY FLA 33	043	
TITLE	VD	☐ DELETE	2.1 TITLE			☐ Change ☐	Addition
NAME	MATTICK, ROBERT	PO 431861	2.2 NAME	1			
STREET ADDRESS	יייייייייייייייייייייייייייייייייייייי	70 70 70	2.3 STREET	ADDRESS			
CITY-ST-ZIP	BIG PINE KEY FL 33043		2. 4 CITY - S	ST-ZIP			
TITLE	S DELETE		3.1 TITLE			☐ Change	Addition
NAME	BARON, DANIEL H		3.2 NAME				
STREET ADDRESS	RT. 3, BOX 214-D /74	PERN HUE	3.3 STREET	ADDRESS			
CITY-ST-ZIP	BIG PINE KEY FL 33043		3 4. CITY-5	ST-ZIP			
TITLE	10	TD DELETE		Ī		☐ Change	Addition
NAME	CONKRIGHT, RICHARD W		4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP	BIG PINE KEY FL 33043		4.4 CITY - S	T-ZIP			7
TITLE	TD	DELETE	5.1 TITLE	İ		Change [Addition
NAME	STORES AWARTED THE		52 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP	29563 SAKATAGO		5.4 C/TY-S	T-ZIP			~-
TITLE	BIG PINE KEY F	L 33043 🗐 DELETE	6.1 TITLE			Change [Addition

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 distance empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.