

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000071971 (3)**

1. Corporation Name

FLORIDA VFW ASSISTANCE PROGRAM CORP.

Principal Place of Business

**543 NE SANCHEZ AVE
OCALA FL 34470**

Mailing Address

**P.O. BOX 1494
HALLANDALE FL 33008**



2. Principal Place of Business

2a. Mailing Address

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State, Apt., etc.

State, Apt., etc.

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City & State

City & State

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Zip

Zip

Country

Country

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9. Name and Address of Current Registered Agent

**KIRSOP, WILLIAM R.
543 N.E. SANCHEZ AVENUE
OCALA FL 34470**

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 607.0502 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person who is authorized to execute this statement

Signature of person who is authorized to execute this statement

Signature

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

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