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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:19

DOCUMENT # 719626 (4)

1. Corporation Name

HARDIN-MULKEY POST NO. 8182, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
243 S. DIXIE HIGHWAY WEST POMPANO BEACH FL 33060	243 S. DIXIE HIGHWAY WEST POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7068020 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DAMERON, SAM
243 S. DIXIE HWY.
POMPANO BEACH FL 33060
HOME 1201 S. DIXIE HWY W. #78

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 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 607.0505, Florida Statutes.

SIGNATURE: SAM DAMERON Q. MASTER Sam Dameron 4-27-95
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	PC POST COMMANDER EUGENE SCHOFIELD	1.1 TITLE D	☑ Change ☐ Addition EUGENE SCHOFIELD
NAME	YOUNG, HOLLIS	1.2 NAME	
STREET ADDRESS	243 S. DIXIE HWY WEST 1801 S. DIXIE HWY #91	1.3 STREET ADDRESS	1801 S. DIXIE HWY #91
CITY-ST-ZIP	POMPANO BEACH FL POMPANO BCH FL 33060	1.4 CITY-ST-ZIP	POMPANO BCH. FL 33060
TITLE	V	2.1 TITLE	☑ Change ☐ Addition
NAME	MACDONALD, ALLAN	2.2 NAME	HAROLD J. DAVIS
STREET ADDRESS	243 S. DIXIE HWY WEST	2.3 STREET ADDRESS	243 S. DIXIE HWY W.
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	POMPANO BCH FL 33060
TITLE D	PQ POST QUARTER MASTER	3.1 TITLE	☐ Change ☐ Addition
NAME	DAMERON, SAM	3.2 NAME	
STREET ADDRESS	243 S. DIXIE HWY WEST #78	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, HAROLD J.	4.2 NAME	
STREET ADDRESS	243 S. DIXIE HWY WEST	4.3 STREET ADDRESS	DECEASED 8/7/94
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE T	TRUSTEE	5.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG HOLLIS	5.2 NAME	
STREET ADDRESS	370 N.E. 42ND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33334	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and 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: Sam Dameron SAM DAMERON Q.M. 4-27-95 305-943-3552 305-781-8191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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