**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

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

**DOCUMENT # 719626 (4)**

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

Principal Place of Business
~~840 S. DIXIE HIGHWAY WEST~~
POMPANO BEACH FL 33060
290 S.W. 6TH ST
POMPANO BCH FL 33060

Mailing Address
290 S.W. 6TH ST
~~840 S. DIXIE HIGHWAY WEST~~
POMPANO BEACH FL 33060
954-943-3661
954-783-1030

2. Principal Place of Business
21 290 S.W. 6TH ST.
Suite, Apt. #, etc.
22 POMPANO BCH FL
City & State
23
Zip 24 33060 Country 25 BROWARD

2a. Mailing Address
26 290 S.W. 6TH ST
Suite, Apt. #, etc.
27
City & State
28 POMPANO BCH FL
Zip 29 33060 Country 30 BROWARD

3. Date Incorporated or Qualified: 11/03/1970
3a. Date of Last Report: 05/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DAMERON, SAM
~~840 S. DIXIE~~ HWY.
POMPANO BEACH FL 33060
1201 S. DIXIE HWY W. #76
POMPANO BCH FL 33060

10. Name and Address of New Registered Agent
81 Name: SAM DAMERON
82 Street Address (P.O. Box Number is Not Acceptable): 1201 S. DIXIE HWY W. #76
83 City: POMPANO BCH FL. 33060
84 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: SAM DAMERON QUARTERMASTER Sam Dameron 6-28-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DPC<br>SCHOFIELD, EUGENE D.<br>1801 S DIXIE HWY #91 COMMANDER<br>POMPANO BEACH FL ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>YOUNG, HOLIS<br>370 EN 42ND ST<br>FT LAUDERDALE FL ☑ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | D.S.V.<br>DAVID WOOD RITCHIE<br>751 S.E. 7TH AVE<br>POMPANO BCH FL 33060 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DPC<br>DAMERON, SAM D. QUARTER MASTER<br>243 S. DIXIE HWY WEST 1201 S DIXIE H-WY<br>POMPANO BEACH FL POMPANO BCH FL ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | #38<br>D. 33060<br>DAVID RITCHIE SR. VICE<br>751 S.E. 7TH AVE COMMANDER<br>POMPANO BCH FL<br>33060 ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>Bank deposit $61.25 |

CR2E037 (3/96)

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:** SIGNATURE REQUIRED Sam Dameron 6-28-96 954-781-8[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006116