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Jun 02 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

290 S.W. 6TH ST.
POMPANO BEACH FL 33060290 S.W. 6TH ST.
POMPANO BEACH FL 33060-79203. Date Incorporated or Qualified
11/03/19703a. Date of Last Report
08/12/19964. FEI Number
23-7068020Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 243 S. Dixie Hwy

26 Suite, Apt. #, etc.

22 City & State
Pompano Bch FL

27 City & State

23 Zip
33060

Country

28 Zip

Country

24 33060

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAMERON, SAM
1201 S. DIXIE HW. W. #75
POMPANO BEACH FL 33060

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 DPC ☐ DELETE
NAME SCHOFIELD, EUGENE
STREET ADDRESS 1801 S DIXIE HWY #91
CITY-ST-ZIP POMPANO BEACH FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE DSV ☐ DELETE
NAME RITCHIE, DAVE
STREET ADDRESS 751 SE 7TH AVE.
CITY-ST-ZIP POMPANO BCH. FL 330602.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DP ☐ DELETE
NAME DAMERON, SAM
STREET ADDRESS 1201 S DIXIE HWY. #78
CITY-ST-ZIP POMPANO BEACH FL 330603.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

Eugene R. Schofield 5/22/97 (954) 943 3552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025295

CR2E037 (9/96)