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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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	Mailing Address
243 S. DIXIE HWY POMPANO BEACH FL 33060 US	290 S.W. 6TH ST. POMPANO BEACH FL 33060

3. Date Incorporated or Qualified: 11/03/1970

4. FEI Number: 23-7068020 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: CASTILLO, ROBERT

82 Street Address (P.O. Box Number is Not Acceptable): 2625 S.E. 2nd St.

83

84 City: Pompano Beach **FL** 85 Zip Code: 33062

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: _____ 1-28-98
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	1.1 TITLE	DP	XX ☐ Change ☐ Addition
NAME	SCHOFIELD, EUGENE		1.2 NAME	Sandy, Edward	
STREET ADDRESS	1801 S DIXIE HWY #91		1.3 STREET ADDRESS	832 N.E.12th Ave.	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	Pompano Beach, FL 33060	
TITLE	DSV	☐ DELETE	2.1 TITLE	DV	XX ☐ Change ☐ Addition
NAME	RITCHIE, DAVIE		2.2 NAME	MacDonald, Alan	
STREET ADDRESS	751 SE 7TH AVE.		2.3 STREET ADDRESS	1201 S.Dixie Hwy #50	
CITY-ST-ZIP	POMPANO BCH. FL 33060		2.4 CITY-ST-ZIP	Pompano Beach, FL	
TITLE	DP	☐ DELETE	3.1 TITLE	DT	XX ☐ Change ☐ Addition
NAME	DAMERON, SAM		3.2 NAME	Castillo, Robert	
STREET ADDRESS	1201 S DIXIE HWY. #78		3.3 STREET ADDRESS	2625 S.E. 2nd St.	
CITY-ST-ZIP	POMPANO BEACH FL 33060		3.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: _____ IRED 1-28-98 954-941-7615
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #