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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **719626**

1. Corporation Name

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

167334 - 90200 - 21

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

2. Principal Place of Business 21	2a. Mailing Address 26 243 S Dixie Hwy	3. Date Incorporated or Qualifed 11/03/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7068020 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Pompano Beach, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 25	Zip / Country 29 33060 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CASTILLO, ROBERT
2625 SE 2ND ST
POMPANO BEACH FL 33062

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SANDY, EDWARD		1.2 NAME	
STREET ADDRESS	832 NE 12TH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY-ST-ZIP	
TITLE	DV	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MACDONALD, ALAN		2.2 NAME	
STREET ADDRESS	1201 S DIXIE HWY #50		2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL		2.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CASTILLO, ROBERT		3.2 NAME	
STREET ADDRESS	2625 SE 2ND ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33602		3.4 CITY-ST-ZIP	
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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED A. Castillo 3-10-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #