2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 27, 2007 8:00 am Secretary of State DOCUMENT # 719626 1. Entity Namo 02-27-2007 90009 043 ****70.00 HARDIN-MULKEY POST NO. 8182, VETERANS OF FOREIGNWARS OF THE UNITED STATES, INC. Principal Place of Business Mailing Address 243 S. DIXIE HWY 243 S. DIXIE HWY POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State Cily & State 4. FEI Number Applied For 23-7068020 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVIS, HAROLD J. JR Street Address (P.O. Box Number is Not Acceptable) 3334 NW 64TH CT COCONUT CREEK FL 33073 2640 E. GOLF BLUD OMPANO BEACH 8. The above named entity submits this statement for the purpose of changing it registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agoni. OM MANDER Signature, typed or printed hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PICIDIT DTM THIFE ☐ Defete TITLE Change ☐ Addition NAM DAVIS, HAROLD J JR NAME ERICKSEN, LEONARD J STREET ADDRESS 3334 NW 64TH CT STREET ADDRESS 2640 E. GOLF BLUD COCONUT CREEK FL 33073 CITY-S1-7IP POMPANT BEACH 33064 MILE Delete TITLE Addition BILELLO, JAMES T. 2490 SWIZTH ST ERICKSEN, LEONARD J NAME STREET ADDRESS 2640 GOLF BLVD STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CUTY-ST-ZIP DEERFIELD BEACH, FL 33442 DHE ☐ Delete THE **M** Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 71F CHY-ST-ZIP HHE Delete DITTE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY - ST - 7IP TITLE, Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation or the receivor or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachman with an address, with a composition of the corporation of the receivor of the corporation of the corporation of the receivor of the corporation of the corporati

12. I hereby certify that the information supplied with this lifing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information

SIGNATURE

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