

FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90095 038 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 752619

1. Corporation Name

MELBOURNE POST 4206 VETERANS OF FOREIGN WARS OF
THE UNITED STATES, INC.

Principal Place of Business

RS OF THE UNITED STATES, INC.
3201 SOUTH DAIRY ROAD
MELBOURNE FL 32904-4722

Mailing Address

RS OF THE UNITED STATES, INC.
3201 SOUTH DAIRY ROAD
MELBOURNE FL 32904-4722



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

05/23/1980

4. FEI Number

59-0900146

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

9. Name and Address of Current Registered Agent

HOLLER, WALTER
93 LAKESHORE DR
MELBOURNE FL 32901

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SV
NAME PHILIP, CARL L
STREET ADDRESS 680 TALLWOOD CIRCLE
CITY-ST-ZIP WEST MELBOURNE FL 32904 ☒ DELETE

TITLE QM
NAME HOLLER, WALTER
STREET ADDRESS 83 LAKESHORE DR
CITY-ST-ZIP MELBOURNE FL 32901 ☐ DELETE

TITLE S
NAME LUBA, PETER T
STREET ADDRESS 1450 SHEAF AVE NE #104
CITY-ST-ZIP PALM BAY FL 32905 ☒ DELETE

TITLE T
NAME TRUMAN, RICHARD
STREET ADDRESS 680 BELVEDERE RD NW
CITY-ST-ZIP PALM BAY FL ☒ DELETE

TITLE T
NAME WOODRUFF, WILLIAM R
STREET ADDRESS 731 HIGHLAND AVE NW
CITY-ST-ZIP PALM BAY FL ☒ DELETE

TITLE T
NAME MCEVOY, JAMES
STREET ADDRESS 5040 WALKER AVE
CITY-ST-ZIP W. MELBOURNE FL 32904 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C
1.2 NAME ARGINALD F. BOWEN JR.
1.3 STREET ADDRESS 542 ORTEGA ST SE
1.4 CITY-ST-ZIP PALM BAY FL 32909 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE SV
3.2 NAME JOSEPH T HERSHEY
3.3 STREET ADDRESS 1397 GIRARD CIR. NW
3.4 CITY-ST-ZIP PALM BAY FL 32907 ☒ Change ☐ Addition

4.1 TITLE T
4.2 NAME ANTHONY M. FOLDY
4.3 STREET ADDRESS 3750 LAURENS AVE
4.4 CITY-ST-ZIP MAIABAR FL 32950 ☒ Change ☐ Addition

5.1 TITLE T
5.2 NAME HARPER T REDDEN
5.3 STREET ADDRESS 412 ROME AVE NE
5.4 CITY-ST-ZIP MELBOURNE FL 32907 ☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: WALTER E. HOLLER JR. *Walter E. Holler Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

724-4121

CR2E037 (11/98)