Entity Name: RANDOLPH FORD POST NO. 7845 VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

6315 STONE RD PORT RICHEY, FL 34668

DOCUMENT# N31908

#### **Current Mailing Address:**

6315 STONE RD PORT RICHEY, FL 34668

## FEI Number: 59-2912271

#### Name and Address of Current Registered Agent:

DOYLE, WILLIAM 6315 STONE RD PORT RICHEY, FL 34668 US Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	E: WILLIAM DOYLE			04/19/2018
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	COMMANDER	Title	SENIOR VICE COMMANDER	
Name	DOYLE, WILLIAM	Name	WALDEN, ALAN	
Address	4550 BAY BLVD	Address	910 LEDGESTONE LANE	
City-State-Zip:	APT 1238 PORT RICHEY FL 34668	City-State-Zip:	PORT RICHEY FL 34668	
Title	QUARTERMASTER	Title	FIRST YEAR TRUSTEE	
Name	HUGHES, TED V	Name	MILLER, JOHN	
Address	9111 SAINT CLAIR LANE	Address	9116 RAWLINS AVE	
City-State-Zip:		City-State-Zip:	PORT RICHEY FL 34668	
		Title	THIRD YR TRUSTEE	
Title	SECOND YR TRUSTEE	Name	OWENS, MICHAEL	
Name		Address	8305 COCHISE LANE	
Address		City-State-Zip:	PORT RICHEY FL 34668	
City-State-Zip:	HUDSON FL 34667	Title	JVC	
Title	SECRETARY, BOOKKEEPER	Name	MCCORKLE, HAROLD	
Name	SABLE, SHERYL R	Address	4056 PASSPORT LANE	
Address	6315 STONE RD	Audiess	UNIT 103	
City-State-Zip:	PORT RICHEY FL 34668	City-State-Zip:	NEW PORT RICHEY FL 3465	3

## Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

## SIGNATURE: WILLIAM DOYLE

COMMANDER

04/19/2018

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 19, 2018 Secretary of State CC6877700357

## **Officer/Director Detail Continued :**

Title	CHAPLAIN
Name	BUSHELL, WILLIAM J
Address	6424 PONDER DRIVE
City-State-Zip:	PORT RICHEY FL 34668