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

2017 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:

MCCORKLE, HAROLD D 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: HAROLD D MCCORKLE 04/18/2017 Electronic Signature of Registered Agent Date **Officer/Director Detail :** Title COMMANDER Title SENIOR VICE COMMANDER Name DAVIS, RICHARD Name HANENBERG, JOHN Address 7834 HOMER AVENUE Address 14126 SHOAL DRIVE City-State-Zip: HUDSON FL 34667 City-State-Zip: HUDSON FL 34667

| | Title | QUARTERMASTER | Title | FIRST YEAR TRUSTEE |
|--|-----------------|-------------------------------------|----------------------------|----------------------|
| | Name | MCCORKLE, HAROLD D | Name | FAZIO, SALVATORE F |
| | Address | 4056 PASSPORT LANE | Address | 7727 PARKWAY BLVD |
| | City State Zin | UNIT103 NEW PORT RICHEY FL 34653 | City-State-Zip: | HUDSON FL 34667 |
| | City-State-Zip: | NEW FORT RIGHET FL 34033 | | |
| | | | Title | THIRD YR TRUSTEE |
| | Title | SECOND YR TRUSTEE | Name | MILLER, JOHN J |
| | Name | BENEDICT, PAUL | Name | MILLEIN, SOI IN S |
| | | | Address | 9116 RAWLINS AVENUE |
| | Address | 12202 QUAIL RUN ROW | City-State-Zip: | PORT RICHEY FL 34668 |
| | City-State-Zip: | HUDSON FL 34667 | | |
| | | | Title | JVC |
| | Title | SECRETARY, BOOKKEEPER | Name | TUCKER, BRADLEY W |
| | Name | SABLE, SHERYL R | Address City-State-Zip: | , |
| | | , | | 6526 RUTH DRIVE |
| | Address | 6315 STONE RD | | PORT RICHEY FL 34668 |
| | City-State-Zip: | PORT RICHEY FL 34668 | , | |
| | 2 | | | |

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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: HAROLD D MCCORKLE

QUARTERMASTER

04/18/2017

Electronic Signature of Signing Officer/Director Detail

FILED Apr 18, 2017 Secretary of State CC1092612015

Date

Officer/Director Detail Continued :

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