

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001193

Entity Name: V.F.W. POST 6370, INC.**Current Principal Place of Business:**1770 SAN MARCO RD
MARCO ISLAND, FL 34145**Current Mailing Address:**P.O. BOX 1984
MARCO ISLAND, FL 34146**FEI Number:** 65-0266263**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LANG, JAMES M
836 SATURN CT
MARCO ISLAND, FL 34145 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	COM
Name	MILLS, DONALD L COM
Address	617 DORANDO CT
City-State-Zip:	MARCO ISLAND FL 34145

Title	VCMD
Name	MEEKER, TOMMY O VCMD
Address	938 HUNT CT
City-State-Zip:	MARCO ISLAND FL 34145

Title	JVC
Name	WALLER, RICHARD M JVC
Address	171 LAMPLIGHTER DR.
City-State-Zip:	MARCO ISLAND FL 34145

Title	TRUS
Name	YERICH, RAYMOND TRUS.
Address	240 SEAVIEW CT
City-State-Zip:	MARCO ISLAND FL 34145

Title	TRUS
Name	GARDNER, DAVID R TRUS
Address	817 GIRALDA
City-State-Zip:	MARCO ISLAND FL 34145

Title	TRUS
Name	ARMSTRONG, NATALIA E TRUS
Address	9630 FIRENZE CT
City-State-Zip:	NAPLES FL 34113

Title	QUARTERMASTER
Name	BASIC, JOHN N QTM
Address	1080 S COLLIER BLVD
City-State-Zip:	MARCO ISLAND FL 34145

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: DAVID R GARDNER**TRUSTEE****02/11/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date