

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001210

**FILED**  
**May 01, 2019**  
**Secretary of State**  
**7983978558CC**

**Entity Name:** RICHARD L. CROMARTIE, POST NO. 374, DEPARTMENT OF FLORIDA AT KEY BISCAYNE, INC.

**Current Principal Place of Business:**

180 HARBOR DRIVE  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

P. O. BOX 374  
KEY BISCAYNE, FL 33149 US

**FEI Number: 65-0706660**

**Certificate of Status Desired: No**

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

ALWINE, ROBERT J  
240 CRANDON BLVD.  
SUITE 263  
KEY BISCAYNE, FL 33149 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: ROBERT J. ALWINE**

**05/01/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name GALEA, ROBERT  
Address 717 CRANDON BLVD #508  
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR  
Name PEREZ, VICTOR  
Address 200 CRANDON BLVD.  
SUITE 328  
City-State-Zip: KEY BISCAYNE FL 33149

Title JUDGE ADVOCATE GENERAL  
Name ALWINE, ROBERT J  
Address 240 CRANDON BLVD.  
SUITE 263  
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR  
Name GRAHAM, RICHARD  
Address 700 ALLENDALE ROAD  
City-State-Zip: KEY BISCAYNE FL 33149

Title ADJUTANT AND DIRECTOR  
Name SCHMACHTENBERG, LEE  
Address 1533 SUNSET DRIVE, SUITE 201  
City-State-Zip: CORAL GABLES FL 33143

Title FINANCE OFFICER  
Name ROBERTSON, KEN  
Address 150 OCEAN LANE DR, #3-G  
City-State-Zip: KEY BISCAYNE FL 33149

Title COMMANDER AND DIRECTOR  
Name KING, MICHAEL M.  
Address 115 SUNRISE DRIVE  
APT. 2A  
City-State-Zip: KEY BISCAYNE FL 33149

*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: VICTOR PEREZ**

**DIRECTOR**

**05/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date