FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:34

DOCUMENT # **704297** **(1)**

1. Corporation Name

PINE HILLS POST 8152 VETERANS OF FOREIGN WARS OF THE UNITED STATES INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4711 PINE HILL RD. POST OFFICE BOX 585233 ORLANDO FL 32858-5233	4711 PINE HILL RD. POST OFFICE BOX 585233 ORLANDO FL 32858-5233

3. Date Incorporated or Qualified: 07/17/1962
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1005167 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | Suite, Apt. #, etc. (22) | City & State (23) | Zip (24) | Country (25)

2a. Mailing Address (26) | Suite, Apt. #, etc. (27) | City & State (28) | Zip (29) | Country (30)

9. Name and Address of Current Registered Agent

WASHBURN, ROBERT C.
21751 CO RD 44 A
EUSTIS FL 32726

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Robert C Washburn DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE	See	☒ Change ☐ Addition
NAME	KUSIAK, DONALD	1.2 NAME	Tom BRUBAS	
STREET ADDRESS	4141 BIG BEN TRAIL	1.3 STREET ADDRESS	4623 TERESA RD	
CITY-ST-ZIP	POLK CITY FL	1.4 CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	ELLES, JAMES A	2.2 NAME		
STREET ADDRESS	905 EMERALOA DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	STUART, GINN	3.2 NAME		
STREET ADDRESS	1853 POWERS DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	WASHBURN, ROBERT C.	4.2 NAME		
STREET ADDRESS	21751 CO RD 44A	4.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIES FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	TOSTEN, LARRY	5.2 NAME		
STREET ADDRESS	6109 CENTENNIAL	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MCLAUGHLIN, SID	6.2 NAME		
STREET ADDRESS	P O BOX 585233 N/A	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Robert C Washburn Robert C. Washburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0034007