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

APPROVED AND FILED
95 APR 28 PM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **705591** **(6)**

1. Corporation Name

JOSEPH P. ASTRAB POST NO. 4271, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
20021 V.F.W. ROAD BROOKSVILLE FL 34601	20021 V.F.W. ROAD BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/14/1963**
3a. Date of Last Report: **07/18/1994**
4. FEI Number: **59-6162502** ☐ 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

EVERSON, RUSSELL
20021 V.F.W. ROAD
BROOKSVILLE FL 34601

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 _____ 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	CDRD	1.1 TITLE	CDRD ☐ Change ☐ Addition
NAME	EVERSON, RUSSELL	1.2 NAME	Howley Harold
STREET ADDRESS	20021 V.F.W. RD	1.3 STREET ADDRESS	20021 VFD Rd.
CITY-ST-ZIP	BROOKSVILLE FL 34601	1.4 CITY-ST-ZIP	Brooksville FL 34601
TITLE	SRV	2.1 TITLE	SRV ☐ Change ☐ Addition
NAME	FURNISH, HAROLD	2.2 NAME	Stetson Robert
STREET ADDRESS	20021 V.F.W. RD	2.3 STREET ADDRESS	20021 VFW Rd
CITY-ST-ZIP	BROOKSVILLE FL 34601	2.4 CITY-ST-ZIP	Brooksville FL 34601
TITLE	JRVD	3.1 TITLE	JRVD ☐ Change ☐ Addition
NAME	LEWIS, GARY	3.2 NAME	Ludwig William
STREET ADDRESS	20021 V.F.W. RD	3.3 STREET ADDRESS	20021 VFW Rd.
CITY-ST-ZIP	BROOKSVILLE FL 34601	3.4 CITY-ST-ZIP	Brooksville FL 34601
TITLE	QMDD	4.1 TITLE	QMDD ☐ Change ☐ Addition
NAME	IVERS, RICHARD	4.2 NAME	Charles A. McLaughlin
STREET ADDRESS	20021 V.F.W. RD	4.3 STREET ADDRESS	20021 V.F.W. Rd.
CITY-ST-ZIP	BROOKSVILLE FL 34601	4.4 CITY-ST-ZIP	Brooksville FL 34601
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Charles A. McLaughlin Charles A. McLaughlin 4-23-95 904-796-1113 OR 904-796-5947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068730