

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90132 022 ****70.00

DOCUMENT # 708318

1. Entity Name
DUNNELLO POST #58, INC.



Principal Place of Business
10730 S.U.S. 41
P.O. BOX 1211
DUNNELLO, FL 34430 US

Mailing Address
10730 S.U.S. 41
P.O. BOX 1211
DUNNELLO, FL 34430 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08312005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-6151015

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DINKINS, LEWIS E
102 W PENNSYLVANIA AVE
DUNNELLO, FL 32630

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1VCT
SCHMIDT, ROBERT
9905 N CITRUS SPRINGS BLVD
CITRUS SPRINGS, FL 34434 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CT
HALL, RAYMOND
9074 SW 204 CIR
DUNNELLO, FL 34431 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Robert Bateman ☒ Change ☐ Addition
20506 SW 93rd Cir.
Dunnellon, FL 34431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOMEZ, ERNEST
21059 S.W. RAIN TREE ST.
DUNNELLO, FL 34431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAIRD, I
10665 SE 131ST PL
OKLA WACHA, FL 32183 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FOT
LANZER, ARTHUR
5043 SW 166 CT RD
OCALA, FL 34481 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Raymond Hall ☒ Change ☐ Addition
9074 SW 204 Cir.
Dunnellon, FL 34431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
STONE, BETH
6903 W CANDIER CT
DUNNELLO, FL 34433 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Marion S. Zimmerman ☒ Change ☐ Addition
10664 SE. 201st St.
Inglis, FL 34449

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Bateman **ROBERT BATEMAN**

9/1/2005

352 45 0733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #