FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 708725 (7)

1. Corporation Name

HOLIDAY ISLES POST NO. 4256 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
FOREIGN WARS OF THE UNITED STATES 12901 W. GULF BLVD. MADEIRA BEACH FL 33708	FOREIGN WARS OF THE UNITED STATES 12901 W. GULF BLVD. MADEIRA BEACH FL 33708

3. Date Incorporated or Qualified: 03/30/1965
3a. Date of Last Report: 07/31/1995

2. Principal Place of Business
21 SAME AS ABOVE
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 SAME AS ABOVE
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-6156233 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMARATO, GERALD
3755 BEACH DR SE
ST PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name: EUGENE E. MERGENDAHL
82 Street Address (P.O. Box Number is Not Acceptable): 17860 GULF BLVD.
83 APT. #2
84 City: REDINGTON SHORES FL 85 Zip Code: 33708

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: EUGENE E. MERGENDAHL QUARTER-MASTER Eugene E. Mergendahl 6/6/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	MCKINLEY, ROBERT B		12 NAME	MCKINNEY, GEORGE, D. JR	
STREET ADDRESS	14431 HILLVIEW DR		13 STREET ADDRESS	5510 14TH AVE. S.	
CITY-ST-ZIP	LARGO FL		14 CITY-ST-ZIP	GULFPORT, FL. 33707	
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	COLLIGAN, THOMAS		22 NAME		
STREET ADDRESS	7801 34TH AVE N 90		23 STREET ADDRESS		
CITY-ST-ZIP	ST PETE FL		24 CITY-ST-ZIP		
TITLE	TP	☒ DELETE	31 TITLE	TP	☒ Change ☐ Addition
NAME	CAMARATO, GERALD		32 NAME	EUGENE E. MERGENDAHL	
STREET ADDRESS	3755 BEACH DR SE		33 STREET ADDRESS	17860 GULF BLVD APT #2	
CITY-ST-ZIP	ST PETE FL		34 CITY-ST-ZIP	REDINGTON SHORES FL. 33708	
TITLE	SD	☒ DELETE	41 TITLE	SD	☒ Change ☐ Addition
NAME	MERGENDAHL, EUGENE E		42 NAME	WALSH, SUSAN, N.	
STREET ADDRESS	10005 BAY PINE BLVD N LOT 163		43 STREET ADDRESS	601 74TH ST N.	
CITY-ST-ZIP	ST PETERSBURG FL		44 CITY-ST-ZIP	ST PETERSBURG FL. 33710	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Eugene E. Mergendahl Quartermaster 6/6/96 813 397-3767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #