FILE NOW: FILING FEE IS $61.25

FILED
Jun 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 708725

1. Corporation Name: Holiday Isle Post 4256

Principal Place of Business	Mailing Address
12901 Gulf Blvd. Madeira Beach, FL 33738	

2. Principal Place of Business	2a. Mailing Address
21 Holiday Isle VFW Post 4256	26 ~~12901 Gulf Blvd~~ $
Suite, Apt. #, etc. 22 12901 Gulf Blvd	Suite, Apt. #, etc. 27
City & State 23 Madeira Beach Fl	City & State 28
Zip / Country 24 33738 / 25 U.S.A.	Zip / Country 29 / 30

3. Date Incorporated or Qualified	3a. Date of Last Report
6 Jan '65	6 June '96

4. FEI Number: ~~62-00846~~ 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	10. Name and Address of New Registered Agent
George D. McKinney Jr. Commander V.F.W. Post 4256 Madeira Beach Fl. 33738	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 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: George D. McKinney Jr. 5/30/97
Signature, type 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	~~Sec~~ PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	George D. McKinney Jr.		1.2 NAME		
STREET ADDRESS	5510 14th Ave. S.		1.3 STREET ADDRESS		
CITY-ST-ZIP	Gulfport Fl. 33707		1.4 CITY-ST-ZIP		
TITLE	~~Tre~~ TREASURER	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Jack Terry		2.2 NAME		
STREET ADDRESS	6096 25th Ave. N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	St. Petersburg Fl. 33710		2.4 CITY-ST-ZIP		
TITLE	~~Sec~~ ~~Tony Narvez~~ $	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	Trustee	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Anthony Narvez		4.2 NAME		
STREET ADDRESS	~~12490 Rose St. W.~~ 470 129th Ave. E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~Seminole Fl. 33772~~ Madeira Beach Fl. 33708		4.4 CITY-ST-ZIP		
TITLE	Trustee	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Robert McKinley		5.2 NAME		
STREET ADDRESS	14431 Hillview Dr		5.3 STREET ADDRESS		
CITY-ST-ZIP	Largo Fl. 33774		5.4 CITY-ST-ZIP		
TITLE	Trustee	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Charles Hallden		6.2 NAME		
STREET ADDRESS	538 Lillian Dr		6.3 STREET ADDRESS		
CITY-ST-ZIP	Madeira Beach Fl. 33708		6.4 CITY-ST-ZIP		

6-9-97

100002210651
-06/12/97--01112--006
***70.00

CR2E037 (9/96)

14. I do 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 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: George D. McKinney Jr. President — 5/30/97 Date — (813)397-3767 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
George D. McKinney President