SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 27, 1999 8:00 am
Secretary of State
07-27-1999 90020 013 *****8.75
07-27-1999 90020 014 ****61.25

DOCUMENT # 708725

1. Corporation Name

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

Principal Place of Business	Mailing Address
HOLIDAY ISLE VFW POST 4256 12901 W. GULF BLVD. MADEIRA BEACH FL 33708	HOLIDAY ISLE VFW POST 4256 12901 W. GULF BLVD. MADEIRA BEACH FL 33708

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualifed: 03/30/1965

4. FEI Number: 59-6156233 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MCKINNEY, GEORGE D
VFW POST 4256
MADEIRA BEACH FL 33738

10. Name and Address of New Registered Agent

81 Name: EDWARD HOLDERNESS
82 Street Address (P.O. Box Number is Not Acceptable): 546 PLAZA SEVILLE CT. #85
83:
84 City: TREASURE ISLAND FL 85 Zip Code: 33706

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: x Edward Holderness — Signature, typed or printed name of registered agent and title if applicable. EDWARD HOLDERNESS CMDR (NOTE: Registered Agent signature required when reinstating) DATE 7/16/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	CMDR	☐ Change ☑ Addition
NAME	MCKINLEY, GEORGE D. J		1.2 NAME	EDWARD HOLDERNESS	
STREET ADDRESS	5510 14TH AVE. S		1.3 STREET ADDRESS	546 PLAZA SEVILLE CT. #85	
CITY-ST-ZIP	GULF PORT FL		1.4 CITY-ST-ZIP	TREASURE ISLAND, FL. 33706	
TITLE	T	☑ DELETE	2.1 TITLE	SR. VCE CMDR	☐ Change ☑ Addition
NAME	GOLDYCH, PAUL Y		2.2 NAME	CHARLES HALLDEN	
STREET ADDRESS	1 KEY CAPRI, APT# 312-E		2.3 STREET ADDRESS	370 MEDALLION BLVD.	
CITY-ST-ZIP	TREASURE ISLAND FL 33706		2.4 CITY-ST-ZIP	MADEIRA BCH. FL. 33708	
TITLE	T	☑ DELETE	3.1 TITLE	QM	☐ Change ☑ Addition
NAME	NARVEZ, ANTHONY		3.2 NAME	MARVIN ST. JOHN	
STREET ADDRESS	470 129TH AVENUE E		3.3 STREET ADDRESS	10005 BAY PINES BLVD.	
CITY-ST-ZIP	MADEIRA BEACH FL 33708		3.4. CITY-ST-ZIP	ST. PETERSBURG, FL. 33708	
TITLE	T	☑ DELETE	4.1 TITLE	T	☐ Change ☑ Addition
NAME	MCKINLEY, ROBERT		4. 2 NAME	ALAN THOMPSON	
STREET ADDRESS	14431 HILLVIEW DRIVE		4.3 STREET ADDRESS	14189 CHAMBERLAN AVE.	
CITY-ST-ZIP	LARGO FL 33774		4.4 CITY-ST-ZIP	LARGO, FL. 33774	
TITLE	T	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HALLDEN, CHARLES		5.2 NAME		
STREET ADDRESS	538 LILLIAN DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MADERIA BEACH FL 33708		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 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, with all other like empowered.

SIGNATURE: x SIGNATURE REQUIRED EDWARD HOLDERNESS 7/16/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)