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Apr 25 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 # 709778

(5)

1. Corporation Name

MIRACLE STRIP POST NO. 264, INC.



Principal Place of Business

Mailing Address

LEGION HALL HWY. C393 NO.
P.O. BOX 1182
SANTA ROSA BCH. FL 32459

LEGION HALL HWY. C393 NO.
P.O. BOX 1182
SANTA ROSA BCH. FL 32459-1182

3. Date Incorporated or Qualified
10/19/1965

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-6164864

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

BISHOP, VERNON R.
BISHOP-TOLBERT ROAD
SANTA ROSA BEACH FL 32459

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

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 D ☒ DELETE
NAME COOPER, JOSEPH
STREET ADDRESS 790 CHAT HOLLEY RD
CITY-ST-ZIP SANTA ROSA BCH, FL 00000

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME BARNARD, RALPH P
1.3 STREET ADDRESS 72 SARA CIRCLE
1.4 CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE D ☐ DELETE
NAME COON, RUSS
STREET ADDRESS 191 TWISTED PINE TRAIL
CITY-ST-ZIP SANTA ROSA BEACH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SMITH, CHESTER
STREET ADDRESS 330 THOMPSON RD
CITY-ST-ZIP SANTA ROSA BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE P ☒ DELETE
NAME MILLER, RICARD E
STREET ADDRESS 11 SUGAR BEACH DR
CITY-ST-ZIP SANTA ROSA BEACH FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME DOWNS, ALVIS I, JR
4.3 STREET ADDRESS 100 LORAL RD
4.4 CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE TD ☐ DELETE
NAME BISHOP, VERNON(FIN-OFF)
STREET ADDRESS 714 BISHOP-TOLBERT RD
CITY-ST-ZIP SANTA ROSA BCH, FL 00000

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME CHILDERS, BILLY G
STREET ADDRESS 613 EDEN DR
CITY-ST-ZIP SANTA ROSA BCH FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

Vernon R. Bishop

CR2E037 (9/96)