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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/19/1965

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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

TITLE ☐ DELETE

NAME **P BARNARD, RALPH P**
STREET ADDRESS **72 SARA CIRCLE**
CITY-ST-ZIP **SANTA ROSA BCH, FL 00000**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D DOWNS, ALVIS I JR**
STREET ADDRESS **100 LORAL RD**
CITY-ST-ZIP **SANTA ROSA BEACH FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE: *Vernon Bishop*

4-22-98

850-267-2459

CR2E037 (10/97)