

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 24, 2007 8:00 am
Secretary of State

08-24-2007 90024 025 ****61.25

DOCUMENT # 709778

1. Entity Name

MIRACLE STRIP POST NO. 264, INC.



Principal Place of Business

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

Mailing Address

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

401000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6164864

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E037 (4/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BARNARD, RALPH P	
STREET ADDRESS	72 SARA CIRCLE	
CITY- ST- ZIP	SANTA ROSE BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COON, RUSS	
STREET ADDRESS	191 TWISTED PINE TRAIL	
CITY- ST- ZIP	SANTA ROSA BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PINKSTON, EWELL B	
STREET ADDRESS	20 MASTERS CT	
CITY- ST- ZIP	SANTA ROSA BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DOWNS, ALVIS I JR	
STREET ADDRESS	100 LORAL RD	
CITY- ST- ZIP	SANTA ROSA BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BISHOP, VERNON(FIN-OFF)	
STREET ADDRESS	714 BISHOP-TOLBERT RD	
CITY- ST- ZIP	SANTA ROSE BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, RICHARD E	
STREET ADDRESS	614 KENSINGTON CT NE	
CITY- ST- ZIP	FORT WALTON BEACH FL 32547	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERNON BISHOP, Vernon Bishop 7-17-07 858-267-2459