

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 721005 (7)

1. Corporation Name

HILL CAMPBELL POST 8085 VETERANS OF FOREIGN WARS
OF THE UNITED STATES

Principal Place of Business

Mailing Address

2420 33RD AVE DR. E., BRADENTON, FL
P.O. BOX 1035
ONECO FL 34264-8035

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P.O. BOX 1035
ONECO FL 34264-8035

95 MAY - 1 PM 4:30

600001504126
-06/02/95--01012--003
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/24/1971

3a. Date of Last Report
06/22/1994

4. FEI Number
72-1005510

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for interstate tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

24 County

28 Zip

29 County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WISEMAN, JACK E
3223 N LOCKWOOD RIDGE RD
LOT 22
SARASOTA FL 34234

81 Name

BOSTON H. DIXON

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

2901 NEW ENGLAND ST.

83

84 City

SARASOTA

85 Zip Code

FL 34231

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **BOSTON H. DIXON, COMMANDER(PRESIDENT)**

DATE **APRIL 21, 1995**

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MCMURRAY, KATHRYN A
STREET ADDRESS 6412 4TH AVE NE
CITY ST ZIP BRADENTON FL

11 TITLE D
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

RICHARD R. MILLER, II ☒ Change ☐ Addition
4527 60TH ST. EAST
BRADENTON, FL 34203

TITLE ST
NAME SHOUEL, CARL W
STREET ADDRESS 16 JASDMINE P O BOX 280 NA
CITY ST ZIP PALMETTO FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition
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TITLE D
NAME DIXON, BOSTON H
STREET ADDRESS 2901 N ENGLAND ST
CITY ST ZIP SARASOTA FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

D BEATTY, JOHN W. ☒ Change ☐ Addition
231 GLOUCSTER BLVD
SUN CITY CENTER, FLORIDA 33573

TITLE P
NAME WISEMAN, JACK E
STREET ADDRESS 3223 N LOCKWOOD RIDGE RD, LT 22
CITY ST ZIP SARASOTA FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

P BOSTON H. DIXON ☒ Change ☐ Addition
2901 NEW ENGLAND ST.
SARASOTA, FLORIDA 34231

TITLE D
NAME SMUDA, CHARLES F
STREET ADDRESS 2010 HAMPSTEDD CIR
CITY ST ZIP SUN CITY CTR FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition
600001504126
-06/02/95--01012--005
*****8.75 *****8.75

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR

BOSTON H. DIXON

APRIL 21, 1995

Date

(Signature Please)