

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 723090 (7)

1. Corporation Name

MOORE MOLANDER NORTH POST NO. 9726, VETERANS OF
FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

350 S.VOLUSIA AVENUE
PO BOX 750
PIERSON FL 32180-2813

Mailing Address

350 S.VOLUSIA AVENUE
PO BOX 750
PIERSON FL 32180-2813



3. Date Incorporated or Qualified
04/07/1972

3a. Date of Last Report
04/10/1995

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

24

29

4. FEI Number
59-6162562

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

HANSEN, DANIEL L
436 EMPORIA RD
PIERSON FL 32180

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 true if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME NORTH, EARL B
STREET ADDRESS 400 WESTERN AVE
CITY-ST-ZIP PIERSON FL ☐ DELETE

TITLE P
NAME BERTHIAUME, REGINALD M
STREET ADDRESS 1185 PETERSON RD
CITY-ST-ZIP PIERSON FL ☒ DELETE

TITLE ST
NAME HANSEN, DANIEL L
STREET ADDRESS 436 EMPORIA RD
CITY-ST-ZIP PIERSON FL ☐ DELETE

TITLE VP
NAME CARTER, BILLY
STREET ADDRESS 994 SHAWLAKE RD.
CITY-ST-ZIP PIERSON FL ☐ DELETE

TITLE D
NAME BLACKBURN, WILLIAM J
STREET ADDRESS BLACKBURN ROAD
CITY-ST-ZIP PIERSON FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME EARL W. ZIOBARTH JR.
1.3 STREET ADDRESS 250 EARLBLE LANE
1.4 CITY-ST-ZIP PIERSON, FL. ☒ Change ☐ Addition

2.1 TITLE D
2.2 NAME BERTHIAUME, REGINALD M.
2.3 STREET ADDRESS 1185 PETERSON RD
2.4 CITY-ST-ZIP PIERSON, FL. ☒ Change ☐ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 an address.

SIGNATURE:

Daniel L. Hansen

DANIEL L. HANSEN ST

5/9/96

904 749 2119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)