

FILE NOW: FILING FEE IS \$61.25

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

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country

9. Name and Address of Current Registered Agent

**HANSEN, DANIEL L
436 EMPORIA RD
PIERSON FL 32180**

3. Date Incorporated or Qualified

04/07/1972

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**

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

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	P	<input type="checkbox"/> DELETE
NAME	ZIOBARTH, EARL W JR.	
STREET ADDRESS	250 CARUSLE LANE	
CITY-ST-ZIP	PIERSON FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSTON, LESTER E	
STREET ADDRESS	448 MINSHOW RD	
CITY-ST-ZIP	PIERSON FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	HANSEN, DANIEL L	
STREET ADDRESS	436 EMPORIA RD	
CITY-ST-ZIP	PIERSON FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARTER, BILLY	
STREET ADDRESS	994 SHAWLAKE RD.	
CITY-ST-ZIP	PIERSON FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACKBURN, WILLIAM J	
STREET ADDRESS	BLACKBURN ROAD	
CITY-ST-ZIP	PIERSON FL	

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ZIOBARTH, EARL W. JR.	
1.3 STREET ADDRESS	250 CARUSLE LANE	
1.4 CITY-ST-ZIP	PIERSON, FL	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HALLMAN, HOLLIS W	
2.3 STREET ADDRESS	612 VANHOTE ROAD	
2.4 CITY-ST-ZIP	PIERSON FL	

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

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

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

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Daniel L. Hansen
Daniel L. Hansen

Sac/Treasurer

24 April 1998

1-904-749-2119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0073184

CR2E037 (10/97)