

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90024 022 ****61.25

DOCUMENT # 723090

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/07/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-6162562

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

TITLE P
NAME ZIEBARTH, EARL W JR
STREET ADDRESS 250 CARLISLE LANE
CITY-ST-ZIP PIERSON FL

1.1 TITLE D
1.2 NAME WARD, Walter E.
1.3 STREET ADDRESS 448 SHAW LAKE RD.
1.4 CITY-ST-ZIP PIERSON FL 32180

TITLE D
NAME HALLMAN, HOLLIS W
STREET ADDRESS 672 VANNOTE RD
CITY-ST-ZIP PIERSON FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

Daniel L. Hansen
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 MARCH 1999

Date

904 749 2119

Daytime Phone #

CR2E037 (11/98)