

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 10, 2004 8:00 am**  
**Secretary of State**

06-10-2004 90003 028 \*\*\*\*61.25

**DOCUMENT # 723090**

1. Entity Name

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



Principal Place of Business

350 S.VOLUSIA AVENUE  
P O BOX 506  
PIERSON FL 32180-2813

Mailing Address

350 S.VOLUSIA AVENUE  
PO BOX 596  
PIERSON FL 32180-2813

02001166



MOORE CR2E037 (11/03)

2. Principal Place of Business

350 S.VOLUSIA AVE  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 596  
Suite, Apt. #, etc.

City & State

PIERSON FL

City & State

PIERSON FL

4. FEI Number

59-6162562

Applied For

☒ Not Applicable

Zip  
32180

Country  
USA

Zip  
32180

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

SMITH, JULIUS C  
272 E 1ST AVENUE  
PIERSON FL 32180

7. Name and Address of New Registered Agent

Name SMITH, JULIUS C.  
Street Address (P.O. Box Number is Not Acceptable)  
272 E. 1ST AVE  
City PIERSON FL Zip Code 32180

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

J. C. Smith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-2-04

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

TITLE P ☒ Delete  
NAME WARD, WALTER E  
STREET ADDRESS 448 SHAW LAKE ROAD  
CITY-ST-ZIP PIERSON FL 32180

TITLE D ☒ Delete  
NAME HALLMAN, HOLLIS W  
STREET ADDRESS 672 VANNOYE RD  
CITY-ST-ZIP PIERSON FL 32180

TITLE ST ☒ Delete  
NAME SMITH, JULIUS C  
STREET ADDRESS 272 E 1ST AVENUE  
CITY-ST-ZIP PIERSON FL 32180

TITLE D ☐ Delete  
NAME BRADDOCK, NORMAN E  
STREET ADDRESS 565 BRADDOCK RD  
CITY-ST-ZIP PIERSON FL 32180

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

TITLE D ☐ Delete  
NAME WARD, WALTER E  
STREET ADDRESS 448 SHAW LAKE RD  
CITY-ST-ZIP PIERSON FL 32180

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME HALLMAN HOLLIS W  
STREET ADDRESS 672 VANNOYE RD  
CITY-ST-ZIP PIERSON FL 32180 Post-Commander

TITLE V ☒ Change ☐ Addition  
NAME RAINWATER WILSON  
STREET ADDRESS 405 N. PINE ST  
CITY-ST-ZIP PIERSON FL 32180

TITLE ST ☒ Change ☐ Addition  
NAME PETERSON JAMES T.  
STREET ADDRESS 2167-S. VOLUSIA AVE  
CITY-ST-ZIP PIERSON FL 32180

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME BULLARD THOMAS H.  
STREET ADDRESS 1375 EMERSON RD.  
CITY-ST-ZIP PIERSON FL 32180

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

James T. Peterson

James T. Peterson

6-2-04

386-749-3868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*This form received on 6-1-04*