

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 20 PM 2: 06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 737228

(7)

1. Corporation Name

**RUSKIN MEMORIAL POST NO. 6287 VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

5120 HWY US 41
 P.O. BOX 250
 RUSKIN FL 33570

5120 HWY US 41
 P.O. BOX 250
 RUSKIN FL 33570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/04/1976

02/21/1994

4. FEI Number

Applied For

59-1596663

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

**FILING FEE IS
\$61.25**

8. This corporation has liability for intangible 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCULLOUGH, JANETTE
 1810 7TH ST SW
 P.O. BOX 250
 RUSKIN FL 33570**

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
 MCQUARY, ROBERT L
 652 ALLEGANY DR
 SUN CITY CTR FL

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VD
 WELCH, ROBERT D
 11901 FAWN DALE DR
 RIVERVIEW FL

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

VD
 James D. McCallister
 9902 Lazella Street
 Gibsonton, FL. 33534

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TD
 WOODHAMS, HAROLD G
 13103 AMBROSE PL
 RIVERVIEW FL

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

TD 9913 Hwy 41-S
 DeLana C. Oliver
 P.O. Box 27 "N/A"
 Gibsonton, FL. 33534

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SD
 WARNER, LARRY
 5406 BISHOP RD, LOT 9
 WIMAUMA FL

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

SD
 Howard R. DraPeau, Jr.
 602 Woodland Estates Ave. #41
 Ruskin, FL. 33570

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

DR 7/12

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 110.07(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:

DeLana C. Oliver

6/14/95 (813) 645-2935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DeLana C. Oliver, Post Quartermaster