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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 737228 (7)

1. Corporation Name

RUSKIN MEMORIAL POST NO. 6287 VETERANS OF FOREIG N 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

3. Date Incorporated or Qualified: 11/04/1976

4. FEI Number: 59-1596663 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 5120 US Hwy 41 No.	26 5120 US Hwy 41 No.
Suite, Apt. #, etc. 22 VFW Post 6287	Suite, Apt. #, etc. 27 VFW Post 6287
City & State 23 Ruskin,FL. Hillsborough	City & State 28 Ruskin, Florida
Zip / Country 24 33572-3500 / 25 USA	Zip / Country 29 33572-3500 / 30 USA

9. Name and Address of Current Registered Agent

LOGAN, ELLEN
~~6120 HWY 41 N PO BOX 250~~
~~P.O. BOX 250~~
RUSKIN FL 33570

10. Name and Address of New Registered Agent

81 Name: ELLEN LOGAN
82 Street Address (P.O. Box Number is Not Acceptable): 2821 Gulf City Road, Lot 62
83
84 City: RUSKIN FL 85 Zip Code: 33570

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: ELLEN LOGAN, CANTEEN MGR. Ellen C. Logan 2-19-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MCCALLISTER, JAMES D.		1.2 NAME	William F. Chinn	
STREET ADDRESS	6104 ESTELLE AVE.		1.3 STREET ADDRESS	481 Flamingo Drive	
CITY-ST-ZIP	GIBSONSTON FL		1.4 CITY-ST-ZIP	Apollo Beach, FL. 33570	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	CHINN, WILLIAM		2.2 NAME	Bruce L. Bahneman	
STREET ADDRESS	481 FLAMINGO DR.		2.3 STREET ADDRESS	7011 Estelle Avenue	
CITY-ST-ZIP	APOLLO BEACH FL		2.4 CITY-ST-ZIP	Gibsonton, FL. 33534	
TITLE	TD	☒ DELETE	3.1 TITLE	TSD	☒ Change ☐ Addition
NAME	SCHLEGEL, JAMES		3.2 NAME	James E. Daniels, Jr.	
STREET ADDRESS	201 KINGS BLVD. A-22		3.3 STREET ADDRESS	629 Gran Kaymen Way	
CITY-ST-ZIP	SUN CITY CENTER FL		3.4 CITY-ST-ZIP	Apollo Beach, FL. 33572-2418	
TITLE	SD	☒ DELETE	4.1 TITLE	TR	☐ Change ☒ Addition
NAME	DRAPEAU, HOWARD R. J		4.2 NAME	Alexander J. Pircsuk	
STREET ADDRESS	602 WOODLAND ESTATES AVE. #41		4.3 STREET ADDRESS	1928 Del Webb Blvd.	
CITY-ST-ZIP	RUSKIN FL		4.4 CITY-ST-ZIP	Sun City Center, FL. 33573	
TITLE		☐ DELETE	5.1 TITLE	TR	☐ Change ☒ Addition
NAME			5.2 NAME	Brian G. Sinclair	
STREET ADDRESS			5.3 STREET ADDRESS	6506 Bimini Court	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Apollo Beach, FL. 33572	
TITLE		☐ DELETE	6.1 TITLE	TR	☐ Change ☒ Addition
NAME			6.2 NAME	Samuel A. Capriotti	
STREET ADDRESS			6.3 STREET ADDRESS	602 Woodland Estates, Lot 35	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Apollo Beach, FL. 33570	

CR2E037 (10/97)

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: James E. Daniels, Jr. 2-19-98 645-2935