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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90124 020 ****61.25

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DOCUMENT # 737228

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 VFW POST 6287 RUSKIN FL 33572-3500 US	5120 HWY US 41 VFW POST 6287 RUSKIN FL 33572-3500 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/04/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1596663 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOGAN, ELLEN 2821 GULF CITY RD LOT 62 RUSKIN FL 33570	81 Name: LISA LOUISE RICHARDSON 82 Street Address (P.O. Box Number is Not Acceptable) 83 8004 Gibsonton Dr. Lot 23 84 City: Gibsonton FL 85 Zip Code: 33534

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: L. ISA L. Richardson Lisa L. Richardson 3-5-99
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	11 TITLE	PD	☒ Change ☐ Addition
NAME	CHINN, WILLIAM F		12 NAME	CHARLEY M. PRYOR	
STREET ADDRESS	481 FLAMINGO DR		13 STREET ADDRESS	1002 AGUSTA DR.	
CITY-ST-ZIP	APOLLO BEACH FL 33570		14 CITY-ST-ZIP	Sun City Center, FL. 33573	
TITLE	VD	☒ DELETE	21 TITLE	VD	☒ Change ☐ Addition
NAME	BAHNEMAN, BRUCE L		22 NAME	Vacant	
STREET ADDRESS	7011 ESTELLE AVE		23 STREET ADDRESS		
CITY-ST-ZIP	GIBSONTON FL 33534		24 CITY-ST-ZIP		
TITLE	TSD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	DANIELS, JAMES E JR		32 NAME		
STREET ADDRESS	629 GRAN KAYMEN WAY		33 STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH FL 33572		34 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	PIRCSUK, ALEXANDER J		42 NAME		
STREET ADDRESS	1928 DEL WEBB BLVD		43 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL 33573		44 CITY-ST-ZIP		
TITLE	TR	☒ DELETE	51 TITLE	TR	☒ Change ☐ Addition
NAME	SINCLAIR, BRIAN G		52 NAME	Vacant	
STREET ADDRESS	6506 BIMINI COURT		53 STREET ADDRESS		
CITY-ST-ZIP	APOLLOP BEACH FL 33572		54 CITY-ST-ZIP		
TITLE	TR	☒ DELETE	61 TITLE	TR	☒ Change ☐ Addition
NAME	CAPRIOTTI, SAMUEL A		62 NAME	Vacant	
STREET ADDRESS	602 WOODLAND ESTATES, LOT 35		63 STREET ADDRESS		
CITY-ST-ZIP	APOLLOP BEACH FL 33570		64 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: Charley Pryor Charley M. Pryor, Post Commander March 8, 1999 813-645-2935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)