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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **742716** **(4)**

1. Corporation Name

FRANK B. HUDDLESTON POST NO. 81, INC.

Principal Place of Business	Mailing Address
2909 S. HARBOR CITY BLVD. MELBOURNE FL 32901	2909 S. HARBOR CITY BLVD. MELBOURNE FL 32901-7213 US

3. Date Incorporated or Qualified: 05/05/1978

4. FEI Number: 59-6153174 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

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

9. Name and Address of Current Registered Agent

DAVIS, RICHARD S SR.
1706 GOLDFINCH CT.
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name: LINTS, ALLYN L.
82 Street Address (P.O. Box Number is Not Acceptable): 2100 CINDY CIRC.
83
84 City: MELBOURNE FL 85 Zip Code: 32935

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: Allyn L. Lints — 1-23-98
(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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MALLAY, FRANCES X		1.2 NAME		
STREET ADDRESS	1914 AGORA CIR SE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP		
TITLE	TS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KUECZYNSKI, ALBERT L		2.2 NAME		
STREET ADDRESS	1425 KRIN CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DICE, JOSEPH H SR		3.2 NAME		
STREET ADDRESS	3140 DEER RUN RD N.E.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLOSE, ALTON H		4.2 NAME		
STREET ADDRESS	210 CHOR AVE S.E., #206		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CRABTREE, GAROLD T		5.2 NAME		
STREET ADDRESS	1712 SAYABEC ST N.W.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LINTS, ALLYN		6.2 NAME		
STREET ADDRESS	2100 CINDY CR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		6.4 CITY-ST-ZIP		

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: Allyn L. Lints — 1-5-1998 — 407 254-5085