FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 MAR -4 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0018832

DOCUMENT # **742716**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/05/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6153174 ☐ 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
~~LINTS, ALLYN L~~ MARTIN, WILLIAM S. ~~2100 CINDY CIR~~ 904 WAVECREST AVE A-3 ~~MELBOURNE FL 32935~~ INDIALANTIC, FL 32903	81 Name: MARTIN, WILLIAM S. 82 Street Address (P.O. Box Number is Not Acceptable): 904 WAVECREST AV A-3 83 84 City: INDIALANTIC FL 85 Zip Code: 32903

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: William S. Martin - COMMANDER — 3/1/99
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	D	☑ DELETE	1.1 TITLE	D MCCARTHY PIERCE J.	☑ Change ☐ Addition
NAME	MALLAY, FRANCES X		1.2 NAME		
STREET ADDRESS	1914 AGORA CIR SE		1.3 STREET ADDRESS	2000 WOODLANE DR NE	
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP	PALM BAY FL. 32905	
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	000002810859--5	
TITLE	D	☐ DELETE	3.1 TITLE	-03/18/99---01064-002	☐ Change ☐ Addition
NAME	DICE, JOSEPH H SR		3.2 NAME	*****61.25 *****61.25	
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	D	☑ Change ☐ Addition
NAME	BLOSE, ALTON H		4.2 NAME	BLOSE ALTON H.	
STREET ADDRESS	210 CHOR AVE S.E., #206		4.3 STREET ADDRESS	1200 BOTTLEBRUSH DR. #104	
CITY-ST-ZIP	PALM BAY FL		4.4 CITY-ST-ZIP	PALM BAY FL.	
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	P	☑ Change ☐ Addition
NAME	LINTS, ALLYN		6.2 NAME	MARTIN, WILLIAM	
STREET ADDRESS	2100 CINDY CR.		6.3 STREET ADDRESS	904 WAVECREST AVE A 3	
CITY-ST-ZIP	MELBOURNE FL		6.4 CITY-ST-ZIP	INDIALANTIC, FLA	

CR2E037 (11/98)

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: William S. Martin — 3/1/99 — (407) 723-2939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #