

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 750488 (9)

1. Corporation Name

DICKINSON-TOMPKINS POST 2380 VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.



Principal Place of Business

Mailing Address

510 S ALABAMA AVE.
P.O. BOX 1146
DELAND FL 32724-5944

510 S ALABAMA AVE.
P.O. BOX 1146
DELAND FL 32724-5944

3. Date Incorporated or Qualified

01/07/1980

3a. Date of Last Report

08/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

23-7140046

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FENOT, FRED W
112 WEST NEW YORK AVE
DELAND FL 32720

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME KRIEG, MICHAEL H.
STREET ADDRESS 2980 SURF DR.
CITY-ST-ZIP DETONA FL 32738

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

TITLE T ☐ DELETE
NAME LE CLAIR, CLEMENT A.
STREET ADDRESS 11 LAKE AVE.
CITY-ST-ZIP DELAND FL 32724-6322

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

TITLE PD ☐ DELETE
NAME AVERITT, GORDON F.
STREET ADDRESS 32025 AVERITT LN.
CITY-ST-ZIP EUSTIS FL 32726

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

TITLE S ☐ DELETE
NAME ZAKRESKY, JACK
STREET ADDRESS 27910 LUCILLA ST.
CITY-ST-ZIP PAISLEY FL 32766

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

TITLE VD ☐ DELETE
NAME NILSON, OSCAR
STREET ADDRESS 269 LINGERING LANE
CITY-ST-ZIP DELAND FL 32724

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LOUTHEN, LESLEY J.
STREET ADDRESS 290 W. ELM DR.
CITY-ST-ZIP ORANGE CITY FL 32763

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 119.07(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:

Michael H KRIEG *Michael H Krieg* 9047896367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)