FILE NOW: FILING FEE IS $61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State
02-26-1999 90006 022 ****61.25

0013457

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **750488**

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 ~~1000~~ 142 DELAND FL 32724-5944	P O BOX 142 P.O. BOX ~~1000~~ DELAND FL 32721 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/07/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7140046 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HODGES, JACK		1.2 NAME	
STREET ADDRESS	P O BOX 3334		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32721		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUPENCE, FRANK		2.2 NAME	
STREET ADDRESS	2057 YORKSHIRE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724		2. 4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOULIHAIN, DAN		3.2 NAME	
STREET ADDRESS	2981 N SHELL RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32721		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ZAKRESKY, JACK		4. 2 NAME	
STREET ADDRESS	27910 LUCLLA ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY FL 32766		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PURDY, OWENS		5.2 NAME	
STREET ADDRESS	740 N WOODLAND BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32733		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LOUTHEN, LESLEY J.		6.2 NAME	
STREET ADDRESS	290 W. ELM DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763		6.4 CITY-ST-ZIP	

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: SIGNATURE REQUIRED JAN 26 99 After 1 PM 904 738-2380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #