2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90751 023 ****61.25

DOCUMENT # 750488

1. Entity 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 142 DELAND, FL 32724-5944	P O BOX 142 DELAND, FL 32721 US

04292004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7140046 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FENDT, FRED W 112 WEST NEW YORK AVE DELAND, FL 32720	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MORELAND, CHARLES M 1331 ROANOKE AVE DELAND, FL 32720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRANCHE, LA 600 N BOUNDRY AVE APT 107B DELAND, FL 32720	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BREWER CHRISTOPHER PO BOX 722 DELEON SPGS FL 32130 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ZIEBARTH, EARL W JR. P.O. BOX 436 PIERSON, FL 32180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JYFOR, FRANK 328 RAIN TREE CIR DELAND, FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SYFOR, FRANK 328 RAINTREE CIRCLE DELAND, FL 32724 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOWE, JOESEPH 406 N BOSTON AVE DELAND, FL 32724	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUST HOLGER F. 1274 HICKORY LN DELAND, FL 32724 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MADIGAN, EDWARD 1036 LARKFIELD DR DELAND, FL 32724	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEBRANCHE, CLAUDE PO BOX 142 DELAND FL 32724 ☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/27/2004 386 749 2357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #