2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 03, 2006 8:00 am **Secretary of State DOCUMENT # 750488** 1. Entity Name 03-03-2006 90123 036 ****61.25 DICKINSON-TOMPKINS POST 2380 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC. Principal Place of Business 510 S ALABAMA AVE. P.O. BOX 142 P O BOX 142 DELAND FL 32721 DELAND FL 32724-5944 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 23-7140046 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FENDT, FRED W Street Address (P.O. Box Number is Not Acceptable) 112 WEST NEW YORK AVE DELAND FL 32720 🗼 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 -Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) AND TO VIEW FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Change TITLE G ERRY MILLHOLEN MOOBEKANOXOHARLES M NAME NAME 811 W Euclid Ave. STREET ADDRESS 11331 ROAN WEXAVE STREET ADORESS DeLand, Fl. 32720 DELAND FL 32720 CiTY-ST-74P CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE CURTIS, CLYDE NAME NAME 1011 SHAYLER AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND FL 32724 CITY-ST-ZIP Defete ☐ Change Addition George V. Brown 101 N. Amelia Ave. ZIKRARTI K KARK W JR. NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 436 CITY-ST-ZIP PIERSON FL 32180 CITY-ST-ZIP DeLand, Fl. 32720 Delete ☐ Change ■ Addition TITLE TITLE NAME SYFOR, FRANK NAME STREET ADDRESS 328 RAINTREE CIR STREET ADDRESS CITY-ST-ZIP DELAND FL 32724 CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition RUST, HOLGER F NAME MAME 1274 HICKORY LN STREET ADDRESS STREET ADDRESS DELAND FL 32724 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE THOMAN, ART NAME 1020 SADLE HILL RD STREET ADDRESS STREET ADDRESS DELAND FL 32720 CITY-ST-ZIP CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: At huy M. Thaman and A.M. Manne Qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report 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: At huy M. Thaman and M. Manne Qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this 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. I further certify that the information indicated on this report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated on this report of the corporation o