

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90008 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

510 S ALABAMA AVE.
P.O. BOX 142
DELAND FL 32724-5944

Mailing Address

P O BOX 142
DELAND FL 32721
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

FENTT, FRED
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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

TITLE C
NAME THOMAN, ARTHUR M ☒ Delete
STREET ADDRESS 1020 SADDLE HILL RD
CITY-ST-ZIP DELAND FL 32720

TITLE Q
NAME SYFOR, FRANK ☒ Delete
STREET ADDRESS 328 RAIN TREE CIR
CITY-ST-ZIP DELAND FL 32724

TITLE D
NAME BROWN, GEORGE V ☐ Delete
STREET ADDRESS 101 N AMELIA AVE
CITY-ST-ZIP DELAND FL 32720

TITLE D
NAME RUST, HOLGER F ☐ Delete
STREET ADDRESS 1274 HICKORY LN
CITY-ST-ZIP DELAND FL 32724

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE E ☒ Change ☐ Addition
NAME Christopher Brewer Christopher M.
STREET ADDRESS 1640 Juno Trail 105B
CITY-ST-ZIP ASTOR FL 32102

TITLE Q ☒ Change ☐ Addition
NAME Gerry Millholen Gerry S
STREET ADDRESS 811 W Euclid Ave
CITY-ST-ZIP Deland FL 32720

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Christopher M. Brewer* Christopher M. Brewer

4-23-08 386-738-2380