

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90103 023 ****61.25

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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

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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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	P	☒ Delete
NAME	BOWER, JAMES	
STREET ADDRESS	PO BOX 579	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE	V	☐ Delete
NAME	BRANCHE, LA	
STREET ADDRESS	600 N BOUNDARY AVE APT 107B	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	S	☒ Delete
NAME	SCHMELZLE, RAYMOND	
STREET ADDRESS	200 1/2 OLD DAYTONA RD	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	☐ Delete
NAME	JYFOR, FRANK	
STREET ADDRESS	328 RAIN TREE CIR	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	☒ Delete
NAME	ROBERT, DENTON	
STREET ADDRESS	4625 RIDMARK AVE	
CITY-ST-ZIP	DE LEON SPRINGS FL 32130	
TITLE	D	☐ Delete
NAME	MADIGAN, EDWARD	
STREET ADDRESS	1036 LARKFIELD DR	
CITY-ST-ZIP	DELAND FL 32724	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Change ☒ Addition
NAME	CHARLES M MORELAND	
STREET ADDRESS	1331 ROANKE AVE	
CITY-ST-ZIP	DELAND, FL 32720	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	E	☐ Change ☒ Addition
NAME	EARL W ZIEBARTH JR	
STREET ADDRESS	PO BOX 436	
CITY-ST-ZIP	PIERSON FL 32180	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☒ Addition
NAME	JOSEPH LOWE	
STREET ADDRESS	406 N BOSTON AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	☐ Change ☐ Addition
NAME	KLOYD ROBERTS	
STREET ADDRESS	1332 NATURAL WOODS BLVD	
CITY-ST-ZIP	DELAND FL 32724	

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:

Charles M Moreland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-03 386-734-7443

Date Daytime Phone #

CR2E037 (4/03)