FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:31

DOCUMENT # **751574** **(5)**

1. Corporation Name

ASTOR POST NO. 9986 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
55620 VETERANS DR. P O BOX 141 ASTOR FL 32102	55620 VETERANS DR. P O BOX 141 ASTOR FL 32102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1980
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-1696883 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THOMAS, J. K
56430 HICKORY RD.
ASTOR FL 32102

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: DAVID L. SHULER — 4-17-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	COMMANDER D	☒ Change ☐ Addition
NAME	BOWERS, MIKE	12 NAME	WAYNE HARTFORD	
STREET ADDRESS	1940 ALICE DR	13 STREET ADDRESS	PO BY 351 N/A	
CITY-ST-ZIP	ASTOR FL	14 CITY-ST-ZIP	ASTOR, FL	
TITLE	TSD	21 TITLE	TRUSTEE T	☒ Change ☐ Addition
NAME	DUNN, LEE	22 NAME	MIKE BOWERS	
STREET ADDRESS	56024 TY TY	23 STREET ADDRESS	1940 ALICE DR	
CITY-ST-ZIP	ASTOR FL	24 CITY-ST-ZIP	ASTOR, FL	
TITLE	VD	31 TITLE	~~PAUL BLAIR~~ SR VICE	☐ Change ☒ Addition
NAME	HARTFORD, WAYNE	32 NAME	PAUL BLAIR	
STREET ADDRESS	P. O. BOX 351 N/A	33 STREET ADDRESS	10000 RIVER RD	
CITY-ST-ZIP	ASTOR FL	34 CITY-ST-ZIP	ASTOR FL.	
TITLE	QMD	41 TITLE	~~DAV~~ QUARTERMASTER D	☐ Change ☒ Addition
NAME	THOMAS, JOSEPH K.	42 NAME	DAVID SHULER	
STREET ADDRESS	56430 HICKORY RD.	43 STREET ADDRESS	~~1005~~ PANTHER RD - 24120	
CITY-ST-ZIP	ASTOR FL	44 CITY-ST-ZIP	ASTOR FL	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: DAVID L. SHULER — PRESIDENT — 4-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023138