FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 758797 (5)

1. Corporation Name
MYAKKA POST 10476 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business
P O BOX 27232
EL JOBEAN FL 33927

Mailing Address
P O BOX 27232
EL JOBEAN FL 33927

3. Date Incorporated or Qualified: 06/16/1981
3a. Date of Last Report: 01/30/1995

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

4. FEI Number: 59-2116716 — 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FITZGERALD, HENRY S.
13491 ROMFORD AVE
PORT CHARLOTTE FL 33981

10. Name and Address of New Registered Agent
81 Name: Theodore V. Bonnell
82 Street Address (P.O. Box Number is Not Acceptable): 13383 Bronze Ave.
83
84 City: Port Charlotte FL 85 Zip Code: 33981

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Theodore V. Bonnell — 16 Feb. 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☒ DELETE
NAME	FITZGERALD, HENRY S.	
STREET ADDRESS	13491 ROMFORD AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	AD	☐ DELETE
NAME	GRISELL, HENRY T	
STREET ADDRESS	6314 DRUDE CT	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	AD	☐ DELETE
NAME	STITMAN, CHARLES J.	
STREET ADDRESS	13504 ISABELL AVE.	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	D Commander Theodore V. Bonnell	
1.3 STREET ADDRESS	13383 Bronze Ave.	
1.4 CITY-ST-ZIP	Port Charlotte FL 33981	
2.1 TITLE	T	☒ Change ☐ Addition
2.2 NAME	Charles Eckert	
2.3 STREET ADDRESS	6334 Cutler Terrace.	
2.4 CITY-ST-ZIP	Port Charlotte, FL 33981	
3.1 TITLE	T	☒ Change ☐ Addition
3.2 NAME	Henry Fitzgerald.	
3.3 STREET ADDRESS	13491 Romford Ave.	
3.4 CITY-ST-ZIP	Port Charlotte FL 33981	
4.1 TITLE	T	☐ Change ☐ Addition
4.2 NAME	Charles Stitman	
4.3 STREET ADDRESS	13504 Isabell Ave.	
4.4 CITY-ST-ZIP	Port Charlotte FL 33981	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(k), 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: Henry Grisell CM — 2-16-96 — 941-697-2673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #