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

APPROVED AND FILED
95 FEB -3 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762477 (8)

1. Corporation Name

PEACE RIVER POST NO. 2824 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
915 EAST CYPRESS STREET ARCADIA FL 33821	PO BOX 207 ARCADIA FL 33821 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1982
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-1933865 ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

~~FENNELL, JOHN M~~
~~209 BRIDLE PATH~~
~~ARCADIA FL 33821~~

10. Name and Address of New Registered Agent

81 Name: V MacIntyre Verlan R
82 Street Address (P.O. Box Number is Not Acceptable): 2698 NE Hwy. 70 # 24
83: Arcadia Fl. 33821
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: VERLAN R. MACINTYRE T & D Verlan R. MacIntyre 1-27-95
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	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	~~TRUMPOWER, CHARLES N.~~	1.2 NAME	Wood Joseph
STREET ADDRESS	~~10200 SW OCUNTRY RD 761~~	1.3 STREET ADDRESS	1351 NE SUNSET LANE
CITY-ST-ZIP	~~ARCADIA, FL 33821~~	1.4 CITY-ST-ZIP	ARCADIA, FL 33821
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	~~WOOD, JOSEPH~~	2.2 NAME	
STREET ADDRESS	~~1351 NE SUNSET LANE~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~ARCADIA, FL 33821~~	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	S ☒ Change ☐ Addition
NAME	~~FENNELL, JOHN M.~~	3.2 NAME	FENNELL John M.
STREET ADDRESS	~~209 BRIALE PATH~~	3.3 STREET ADDRESS	209 Bridle Path
CITY-ST-ZIP	~~ARCADIA, FL 33821~~	3.4 CITY-ST-ZIP	Arcadia, Fl. 33821
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KIRKMAN, EDWARD	4.2 NAME	800001401508
STREET ADDRESS	RTE 6 BOX 4071	4.3 STREET ADDRESS	-02/09/95--01039--024
CITY-ST-ZIP	ARCADIA, FL 33821	4.4 CITY-ST-ZIP	****130.00 ****130.00
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MCCREADIE, ALLEN	5.2 NAME	T 5, 2/3/95
STREET ADDRESS	2100 E OAK ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA, FL 33821	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	T ☒ Change ☐ Addition
NAME	~~HESTER, FLOYD~~	6.2 NAME	VERLAN R. MACINTYRE
STREET ADDRESS	~~1033 S.E. MAPLE DR.~~	6.3 STREET ADDRESS	2698 N.E. Hwy 70 # 24
CITY-ST-ZIP	~~ARCADIA FL~~	6.4 CITY-ST-ZIP	ARCADIA, FL. 33821

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: Verlan R. MacIntyre VERLAN R. MACINTYRE 1-12-95 904-3523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0057567