

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765165 (6)

1. Corporation Name

HERNANDO BEACH, POST NO. 9236, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

3435 SHOAL LINE BLVD.
SPRINGHILL FL 34807-0440

Mailing Address

3435 SHOAL LINE BLVD.
SPRINGHILL FL 34807-0440

3. Date Incorporated or Qualified

09/22/1982

3a. Date of Last Report

01/29/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

23

Country

25

Zip

28

Country

30

4. FEI Number

59-2224347

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOLAN, JR. J N
5472 DARLENE ST
SPRING HILL FL 34807

Delete

81 Name

Robert A McDade

82 Street Address (P.O. Box Number is Not Acceptable)

13815 Coco Ave.

83

Hudson FLA

84 City

FL

85 Zip Code

34667

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	QM	<input type="checkbox"/> DELETE
NAME	DOKOUPIL, ROBERT W	
STREET ADDRESS	888 OLMA ST	
CITY-ST-ZIP	SPRING HILL FL	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	PACE, DONALD T.	
STREET ADDRESS	7042 EISENHOWER STREET	
CITY-ST-ZIP	SPRING HILL FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PETERS, RAYMOND J.	
STREET ADDRESS	1139 SHOAL LINE BLVD.	
CITY-ST-ZIP	SPRING HILL FL	

TITLE	DVC	<input checked="" type="checkbox"/> DELETE
NAME	SWINSON, LEON J	
STREET ADDRESS	8168 WYSOCKI CT	
CITY-ST-ZIP	SPRING HILL FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BARNES, GOERGE M.	
STREET ADDRESS	6295 SEBRING STREET	
CITY-ST-ZIP	SPRING HILL FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MECHATOUSKI, NELSON	
STREET ADDRESS	11015 BAYLOR DRIVE	
CITY-ST-ZIP	SPRING HILL FL	

1.1 TITLE	QM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dokoupil, Robert W	
1.3 STREET ADDRESS	8389 Olma St.	
1.4 CITY-ST-ZIP	SPRING HILL FLA.	

2.1 TITLE	JR. Vice Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas Loughlin	
2.3 STREET ADDRESS	8185 Omaha Circle	
2.4 CITY-ST-ZIP	SPRING HILL, FLA.	

3.1 TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Peter Abdo	
3.3 STREET ADDRESS	7432 ALLEN DR.	
3.4 CITY-ST-ZIP	Brooksville FLA 34613	

4.1 TITLE	George Toula - Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	George Toula	
4.3 STREET ADDRESS	16125 Shady Hill Rd.	
4.4 CITY-ST-ZIP	SPRING HILL, FLA. 34610	

5.1 TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	William K Beilstein	
5.3 STREET ADDRESS	14502 DeHaven Ave.	
5.4 CITY-ST-ZIP	Brooksville FL. 34613	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

Signature, typed or printed name of signing officer or director

1-27-97

Date Daytime Phone # 706-444-2

CR2E037 (9/96)