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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mayham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765165** (6)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**3435 SHOAL LINE BLVD.
SPRINGHILL FL 34807-0440**

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SPRINGHILL FL 34807-0440**



3. Date Incorporated or Qualified

09/22/1982

4. FEI Number

59-2224347

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No **NA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDADE, ROBERT A
13815 COCO AVE
HUDSON FL 34867**

COMMANDER

1

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 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	OM	<input checked="" type="checkbox"/> DELETE
NAME	DOKOUPIL, ROBERT W	
STREET ADDRESS	8389 COLMA ST	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	PACE, DONALD T.	
STREET ADDRESS	7042 EISENHOWER STREET	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ABDO, PETER	
STREET ADDRESS	7432 ALLEN RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TOVIA, GEORGE	
STREET ADDRESS	1612 SHADYHILL RD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BEILSTEIN, WILLIAM K.	
STREET ADDRESS	14502 DETTAVE AVE	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	LOUGHLIN, THOMAS	
STREET ADDRESS	8185 OMAHA CIRCLE	
CITY-ST-ZIP	SPRING HILL FL	

1.1 TITLE	Quartermaster	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	George M. Toula	
1.3 STREET ADDRESS	16125 Shady Hills Road	
1.4 CITY-ST-ZIP	Spring Hill, FL 34610	
2.1 TITLE	Adjutant	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thomas Loughlin	
2.3 STREET ADDRESS	8183 Omaha Circle	
2.4 CITY-ST-ZIP	Spring Hill FL	
3.1 TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert Dokoupil	
3.3 STREET ADDRESS	8389 Colma Street	
3.4 CITY-ST-ZIP	Spring Hill, FL	
4.1 TITLE	First Vice Commander	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Raymond Peters	
4.3 STREET ADDRESS	7186 Shoal Line Blvd.	
4.4 CITY-ST-ZIP	Spring Hill, FL 34607	
5.1 TITLE	Irwin Maglidt (2nd VC)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	4491 Flounder	
5.3 STREET ADDRESS	Spring Hill, FL 34607	
5.4 CITY-ST-ZIP		
6.1 TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	George Barnes	
6.3 STREET ADDRESS	6295 Sebring Street	
6.4 CITY-ST-ZIP	Spring Hill, FL 34607	

14. 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 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]

1-14-98 352-596-9240

CR2E037 (10/97)