

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90293 050 ****61.25

DOCUMENT # 765165

1. Entity 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 34607-0440**

Mailing Address
**3435 SHOAL LINE BLVD.
SPRINGHILL, FL 34607-0440**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152005

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-2224347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAGLIDT, IRVIN W
4491 FLOUNDER DR
SPRING HILL, FL 34607**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

T/D ☒ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DOKOUPIL, ROBERT
8389 COLMA ST
SPRING HILL, FL 34606**

P/D ☒ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MAGLIDT, IRVIN W
4491 FLOUNDER DR
SPRING HILL, FL 34607**

V/D ☒ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ANDERSON, FRANK K
3391 JEWFISH DR.
SPRING HILL, FL 34607**

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Webster, William E Jr.
11603 Waverly Windway
Weeki Wauke, FL 34613**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Groggins, Louis E.
7084 Centerwood Ave.
Spring Hill FL 34606**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Dokoupil, Robert
8389 Colma St.
Spring Hill, 34606**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.