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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # 765406 (4)

1. Corporation Name

MARION OAKS POST NO. 10091 VETERANS OF FOREIGN W ARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
294 MARION OAKS LANE OCALA FL 34473 US	P.O. BOX 11237 OCALA FL 34473-1237 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1929112 ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BARRETT JOSEPH S.
3593 SW 148TH PLACE
OCALA FL 34473

10. Name and Address of New Registered Agent

81 Name: HUEBNER, EARL P
82 Street Address (P.O. Box Number is Not Acceptable): 15175 SW 43 TERRACE RD
83
84 City: OCALA FL 85 Zip Code: 34473

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: Earl F. Huebner TD
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	SD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	RAO, LOUIS	1.2 NAME	RAO, LOUIS	
STREET ADDRESS	3015 SW 144TH PLACE ROAD	1.3 STREET ADDRESS	3015 SW 144TH PLACE RD	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA FL 34473	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MACDAID, RICHARD L	2.2 NAME	GLASCOCK, HOBERT JR	
STREET ADDRESS	15300 SW 43 TERRACE ROAD	2.3 STREET ADDRESS	14566 SW 34TH TERRACE RD	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	OCALA, FL 34473	
TITLE	PD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	VIOLA, FRED	3.2 NAME	HUEBNER, EARL P	
STREET ADDRESS	4480 SW 139TH PLACE	3.3 STREET ADDRESS	15175 SW 43RD TERRACE RD	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	OCALA, FL 34473	
TITLE	TD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	BARRETT, JOSEPH S.	4.2 NAME	BARRETT, JOSEPH S	
STREET ADDRESS	3593 S.W. 148TH PLACE	4.3 STREET ADDRESS	3593 SW 148TH PL	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	OCALA, FL 34473	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Earl F Huebner 4-19-96 (904) 347-1219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000874