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

FILED
95 FEB 28 AM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27699 (0)

1. Corporation Name

MULBERRY - SO. LAKELAND POST 6925 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
POST OFFIC BOX 634 MULBERRY FL 33860	4222 SO. FLA. AVE. #C P.O. BOX 634 MULBERRY FL 33860 US

3. Date Incorporated or Qualified: 08/02/1988
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-2903978 ☐ 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

~~WARD, JOHN P.~~
~~305 FIVE IRON DRIVE~~
~~MULBERRY FL 33860~~

10. Name and Address of New Registered Agent

81 Name: Jack, Richard
82 Street Address (P.O. Box Number is Not Acceptable): 170 Sable Ln
83
84 City: Mulberry FL 85 Zip Code: 33860

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 _____ DATE
(If changing, type or print name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDC	1.1 TITLE	VDC Taylor, Clifton ☒ Change ☐ Addition
NAME	~~JACK, RICHARD~~	1.2 NAME	
STREET ADDRESS	~~170 SABLE LN~~	1.3 STREET ADDRESS	3030 Shady Ln
CITY-ST-ZIP	~~MULBERRY FL~~	1.4 CITY-ST-ZIP	Lakeland, Fl 33809
TITLE	CD	2.1 TITLE	CD Steensgard, Niel ☒ Change ☐ Addition
NAME	~~WARD, JOHN P.~~	2.2 NAME	
STREET ADDRESS	~~305 FIVE IRON DRIVE~~	2.3 STREET ADDRESS	20 Lakeview Dr.
CITY-ST-ZIP	~~MULBERRY FL~~	2.4 CITY-ST-ZIP	Mulberry, Fl 33860
TITLE	VD	3.1 TITLE	VD Murphy, Robert G. ☒ Change ☐ Addition
NAME	~~GRAFF, BENNETT~~	3.2 NAME	
STREET ADDRESS	~~96 EIGHT IRON CIRCLE~~	3.3 STREET ADDRESS	113 Eight Iron Cr.
CITY-ST-ZIP	~~MULBERRY FL~~	3.4 CITY-ST-ZIP	Mulberry, Fl 33860
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	ODETTE, JOSEPH G.	4.2 NAME	
STREET ADDRESS	56 THREE IRON DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL	4.4 CITY-ST-ZIP	
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: Joseph G. Odette, Joseph G. Odette 2/22/95 (813) 647-5280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050188