

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90057 049 ****61.25

DOCUMENT # N33476

1. Entity Name

WEST HOLLYWOOD POST #308, INC.



Principal Place of Business

17440 NW 38 AVE.
OKEECHOBEE FL 34972
US

Mailing Address

P.O. BOX 6005
HOLLYWOOD FL 33081
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-6200349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIRGIL, CAROLYN M
17440 NW 38 AVE
OKEECHOBEE FL 34972

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

FILE NOW: 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	VIRGIL, CAROLYN	
STREET ADDRESS	17440 NW 38TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HULING, GEORGE J	
STREET ADDRESS	12840 VISTA ISLES DR APT 628	
CITY-ST-ZIP	SUNRISE FL 33325-1338	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HULING, MARTA	
STREET ADDRESS	12840 VISTA ISLE DR., APT. 628	
CITY-ST-ZIP	SUNRISE FL 33325	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WENZEL, LAWRENCE	
STREET ADDRESS	6018 SW 18 ST.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PERKINS, CHARLES	
STREET ADDRESS	17440 NW 38 AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV Robert Young	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	720 NW 71 st AVE.	
STREET ADDRESS	Hollywood, FL 33024	
CITY-ST-ZIP		
TITLE	S Bruce Runk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4262 SW 78 DR	
STREET ADDRESS	DAVIE, FL 33328	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Carolyn M. Virgil* CAROLYN M. VIRGIL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/05

(954)

309-4409

Date

Daytime Phone #