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

APPROVED AND FILED
95 APR 21 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39622 (8)

1. Corporation Name

RUDY J SANTACRUZ POST 5938, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
214 N BLVD TAMPA FL 33606	4309 N LYNN AVE TAMPA FL 33603-3424

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2920099 ☐ Applied For ☐ Not Applicable

21	2. Principal Place of Business: VFW 5938	26	2a. Mailing Address: 2112 WATROUS AVE
22	Suite, Apt. #, etc.: 3328 S. DALE MABRY	27	Suite, Apt. #, etc.
23	City & State: TAMPA, FLORIDA	28	City & State: TAMPA, FLORIDA
24	Zip: 33629	25	Country
29	Zip: 33606	30	Country

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

9. Name and Address of Current Registered Agent

OLSON, ARNOLD
4309 N LYNN AVE
TAMPA FL 33603

10. Name and Address of New Registered Agent

81 Name: STUBBLEFIELD, RITA
82 Street Address (P.O. Box Number is Not Acceptable): 2112 WATROUS AVE
83
84 City: TAMPA FL 85 Zip Code: 33606

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: Arnold Olson Quartermaster 4/18/95
(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	T	11 TITLE	T ☑ Change ☐ Addition
NAME	OLSON, ARNOLD	12 NAME	STUBBLEFIELD RITA
STREET ADDRESS	4309 N LYNN AVE	13 STREET ADDRESS	2112 WATROUS AVE
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA, FL 33606
TITLE	C	21 TITLE	☐ Change ☐ Addition
NAME	DUNNING, EVELINE P	22 NAME	
STREET ADDRESS	2112 WATROUS AVE	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	DUKES, JOSEPH C	32 NAME	
STREET ADDRESS	4327 S LOIS AVE	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	STUBBLEFIELD, RITA	42 NAME	
STREET ADDRESS	2112 WATROUS AVE	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SANTACRUZ, JOSE J	52 NAME	
STREET ADDRESS	3214 W CYPRESS ST	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D ☑ Change ☐ Addition
NAME		62 NAME	ARNOLD OLSON
STREET ADDRESS		63 STREET ADDRESS	4309 N. LYNN AVE
CITY-ST-ZIP		64 CITY-ST-ZIP	TAMPA, FL 33603-3424

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: Arnold Olson 4/18/95 813 237 2623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000139