DOCUMENT # N49413

1/8/01-9

FILED
Feb 08, 2001 8:00 am
Secretary of State
01-08-2001 90046 014 ****61.25

1. Entity Name

PAUL J. YOHMAN MEMORIAL VFW POST 7115, INC.

Principal Place of Business	Mailing Address
6561 SUNSET STRIP SUNRISE FL 33313	6561 SUNSET STRIP SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-6209824 ☐ 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
DEMBICKI, HARRY 6561 SUNSET STRIP SUNRISE FL 33313	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.

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	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWER, LEE J 5981 NW 14TH PL SUNRISE FL 33313	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CMDR RONALD STICKNEY 5780 SW 13TH ST PLANTATION FL 33317	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARP, RONALD 6561 SUNSET STRIP SUNRISE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SR. VICE CMDR. MONROE GLADD PO BOX 5092 FT LAUDERDALE, FL 33310	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, JOHN 3048 SUNRISE LAKES DR APT 420 BLDG 2 SUNRISE FL 33322	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JR. VICE CMDR. BILL DAVIS 8857 NW 3 RD PL CORAL SPRINGS, FL 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEMBICKI, HARRY 6561 SUNSET STRIP SUNRISE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED HARRY DEMBICKI 1-3-01 954-742-9007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #