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

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

DO NOT WRITE IN THIS SPACE

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

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 #