

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51086 (9)

1. Corporation Name

DUNNELLON POST NO. 7991 VETERANS OF FOREIGN WARS
OF THE UNITED STATES, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 2714
DUNNELLON FL 34430
US

POST OFFICE BOX 2714
DUNNELLON FL 34430
US

3. Date Incorporated or Qualified
09/28/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2934316

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HACKER, ROBERT A.
8783 N. RONDA DRIVE
CITRUS SPRINGS FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 D ☐ DELETE
NAME KEARBEY, BYRON R
STREET ADDRESS 9976 S.W. 182ND CIRCLE
CITY - ST - ZIP DUNNELLON FL 34432

11 TITLE D JAMES P. HALE III ☒ Change ☐ Addition
12 NAME 12119 No. MILLRUSH PT.
13 STREET ADDRESS DUNNELLON, FL 34434
14 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME LANCASTER, PAUL E
STREET ADDRESS 1238 W BRIDGE DR
CITY - ST - ZIP CITRUS SPRINGS FL 34432

21 TITLE D WILLIAM DINGMAN ☒ Change ☐ Addition
22 NAME 2220 W. SPRINGLARE DR
23 STREET ADDRESS DUNNELLON, FL 34434
24 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME HACKER, ROBERT A.
STREET ADDRESS 8783 N. RONDA DRIVE
CITY - ST - ZIP CITRUS SPRINGS FL 34433

31 TITLE STA ROBERT A. HACKER ☒ Change ☐ Addition
32 NAME 8783 N. RONDA DR
33 STREET ADDRESS CITRUS SPRINGS, FL 34433
34 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME 400001862104
53 STREET ADDRESS -06/14/96--01034--023
54 CITY - ST - ZIP ***61.25

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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:

ROBERT A. HACKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-96 (352) 465-0828
Date Daytime Phone #

CR2E037 (12/95)