

DOCUMENT # N51086

1. Entity Name

DUNNELLON POST NO. 7991 VETERANS OF FOREIGN WARS

Principal Place of Business

POST OFFICE BOX 2714
DUNNELLON FL 34430
US

Mailing Address

POST OFFICE BOX 2714
DUNNELLON FL 34430
US

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

59-2934316

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

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

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
NAME HALE, JAMES P., III
STREET ADDRESS 12119 NO. MILLRUSH PT.
CITY-ST-ZIP DUNNELLON FL 34434

TITLE HAROLD BARRETT, JR ☒ Change ☐ Addition
NAME 5154 S.W. 181ST COURT
STREET ADDRESS DUNNELLON, FL 34432
CITY-ST-ZIP

TITLE D ☒ Delete
NAME KEARBAY, BRYON
STREET ADDRESS 9976 SW 182ND CIRCLE
CITY-ST-ZIP DUNNELLON FL 34432

TITLE RONALD F. AUDETTE, SR ☒ Change ☐ Addition
NAME 5144 S.W. 181ST COURT
STREET ADDRESS DUNNELLON, FL 34432
CITY-ST-ZIP

TITLE S/T ☐ Delete
NAME HACKER, ROBERT A.
STREET ADDRESS 8783 N. RONDA DRIVE
CITY-ST-ZIP CITRUS SPRINGS FL 34433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. HACKER 1-8-01

Date

(352) 465-0828

Daytime Phone #

CR2E037 (10/00)

00778

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90044 041 ****61.25



DO NOT WRITE IN THIS SPACE