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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N51160 (2)

1. Corporation Name

REGULAR VETERANS ASSOCIATION POST NO. 363 INC.

Principal Place of Business	Mailing Address
RT 4 BOX 6734-1 CRAWFORDVILLE FL 32327	RT 4 BOX 6734-1 CRAWFORDVILLE FL 32327

3. Date Incorporated or Qualified: 10/06/1992

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

2. Principal Place of Business
21: 744 WOODVILLE HWY
22: Suite, Apt. #, etc.
23: City & State: CRAWFORDVILLE, FLA
24: Zip: 32327
25: Country: WAKULLA

2a. Mailing Address
26: 744 WOODVILLE HWY
27: Suite, Apt. #, etc.
28: City & State: CRAWFORDVILLE, FLA
29: Zip: 32327
30: Country: WAKULLA

4. FEI Number: 51-0247900 ☐ 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

MILLER, ART
RT 4, BOX 6842
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

81 Name: DAVID DENNISON
82 Street Address (P.O. Box Number is Not Acceptable): 228 WOODVILLE HWY
83:
84 City: CRAWFORDVILLE FL 85 Zip Code: 32327

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: David Dennison — 3-12-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, ARTHUR L., COMMANDER RT 4, BOX 6842 CRAWFORDVILLE FL 32327	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D DAVID DENNISON COMMANDER 228 WOODVILLE HWY CRAWFORDVILLE, FLA 32327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREEMAN, BOB RT. 1, BOX 2960, VICE COMMANDER CRAWFORDVILLE FL 32346	☑ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D BISHOP, ALLEN D RT 1 BOX 6151 VICE COMMANDER CRAWFORDVILLE FLA 32327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREEMAN, WILLIAM, JR. COMMANDER P.O. BOX 371 N/A PANACEA FL	☑ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D CARTER, JERRY RT 35 BX 7040 JR VICE COMMANDER TALLA, FLA 32310
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHELTON, JAMES S., SGT. AT ARMS RT. 3 BOX 5029-5 CRAWFORDVILLE FL 32327	☑ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D HUST, MAYNARD 228 WOODVILLE HWY SGT AT ARMS CRAWFORDVILLE, FLA 32327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILLEY, JUANITA ACE HIGH STABLE RD. WOODVILLE FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARKS, BEATRICE, BAR MANAGER RT.3 BOX 5060 CRAWFORDVILLE FL	☑ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D DENNISON, DAVID 228 WOODVILLE HWY BAR MANAGER CRAWFORDVILLE FLA 32327

CR2E037 (12/95)

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: David Dennison — 3-12-96 — 421-0086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID DENNISON COMMANDER — 421-8582