FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000098 (5)**

1. Corporation Name
RAYMOND E. DARLING VFW POST 6023, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1320. MORGAN ROAD INDIANTOWN FL 34956	P.O. BOX 1320. MORGAN ROAD INDIANTOWN FL 34956

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1992
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-6111356 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WITTENMYER, ERNEST
15935 SW OSCEOLA ST.
INDIANTOWN FL 34956

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	GREGOIRE, EMILE E	1.2 NAME	Wittenmyer, Ernest	
STREET ADDRESS	16085 SW INDIANWOOD CIR.	1.3 STREET ADDRESS	15935 Osceola St.	
CITY-ST-ZIP	INDIANTOWN FL 34956	1.4 CITY-ST-ZIP	Indiantown, Fl. 34956	
TITLE	DV	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	MCLAUGHLIN, ROY	2.2 NAME	Miller Ralph	
STREET ADDRESS	1424 SW JEFFERSON AVE.	2.3 STREET ADDRESS	15600 S.W. Palomino St.	
CITY-ST-ZIP	INDIANTOWN FL 34956	2.4 CITY-ST-ZIP	Indiantown, Fl 34956	
TITLE	DS	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	WITTENMYER, ERNEST	3.2 NAME	McLaughLin Roy	
STREET ADDRESS	15935 OSCEOLA ST.	3.3 STREET ADDRESS	1424 S.W. Jefferson Ave.	
CITY-ST-ZIP	INDIANTOWN FL	3.4 CITY-ST-ZIP	Indiantown, Fl. 34956	
TITLE	DT	4.1 TITLE		☐ Change ☐ Addition
NAME	GUERRERO, ARMANDO	4.2 NAME		
STREET ADDRESS	3305 SW DEER RUN AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Armando Guerrero 1-18-95 591-2147 (407)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000075