

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750488

FILED
May 01, 2019
Secretary of State
0070612238CC**Entity Name:** DICKINSON-TOMPKINS POST 2380 VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.**Current Principal Place of Business:**510 S ALABAMA AVE.
DELAND, FL 32724-5944**Current Mailing Address:**510 S ALABAMA AVE.
DELAND, FL 32724-5944 US**FEI Number: 23-7140046****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GOODFELLOW & CO CPA, INC
344 S WOODLAND BLVD
DELAND, FL 32720 US*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: PEGGY WHTIMORE****05/01/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	COMMANDER
Name	CUTLIP, DAMON
Address	510 S ALABAMA AVE.
City-State-Zip:	DELAND FL 32724-5944

Title	SR VICE
Name	GREEN, ROBERT
Address	510 S ALABAMA AVE.
City-State-Zip:	DELAND FL 32724-5944

Title	JR VICE
Name	CHADDOCK, ROBERT
Address	510 S ALABAMA AVE.
City-State-Zip:	DELAND FL 32724-5944

Title	QUARTERMASTER
Name	GALL, TONY
Address	510 S ALABAMA AVE.
City-State-Zip:	DELAND FL 32724-5944

Title	J ADVOCATE
Name	RICHARD, CAVANAGH
Address	510 S ALABAMA AVE.
City-State-Zip:	DELAND FL 32724-5944

Title	CHAPLAIN
Name	ANTHONY, ROBERT
Address	510 S ALABAMA AVE.
City-State-Zip:	DELAND FL 32724-5944

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAMON CUTLIP**COMMANDER****05/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date