

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765165

Entity Name: HERNANDO BEACH, POST NO. 9236, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**FILED**
Mar 11, 2024
Secretary of State
2575336120CC**Current Principal Place of Business:**3435 SHOAL LINE BLVD.
SPRINGHILL, FL 34607-0440**Current Mailing Address:**3435 SHOAL LINE BLVD.
SPRINGHILL, FL 34607-0440**FEI Number: 59-2224347****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SPENCER, JASON R
3435 SHOAL LINE BLVD
HERNANDO BEACH, FL 34607 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: JASON R SPENCER****03/11/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** COMMANDER
Name SPENCER, JASON R
Address 6083 WAYCROSS DRIVE
City-State-Zip: SPRING HILL FL 34606-4650**Title** QUARTERMASTER
Name O'TOOLE, DONALD
Address 40 FERRO ROAD
City-State-Zip: WATERBURY CT 06705-2545**Title** SR VICE COMMANDER
Name AKERS, ANTHONY D
Address 10130 FEATHER RIDGE DRIVE
City-State-Zip: WEEKI WACHEE FL 34613**Title** JR VICE COMMANDER
Name CARO, FRANCO S.
Address 8118 PLATHE ROAD
City-State-Zip: NEW PORT RICHEY FL 34653-4578**Title** CHAPLAIN
Name PETER , CIGNARELLA A
Address 15139 BROOKRIDGE BLVD
City-State-Zip: BROOKSVILLE FL 34613-5824**Title** SERVICE OFFICER
Name FEZY, JOHN S
Address 3400 PALOMETA DRIVE
City-State-Zip: HERNANDO BEACH FL 34607-3653**Title** ADJUTANT
Name SPENCER, JASON R
Address 6083 WAYCROSS DRIVE
City-State-Zip: SPRING HILL FL 34606-4650**Title** 1 YR TRUSTEE
Name WEBSTER, WILLIAM E
Address 11103 WARM WIND WAY
City-State-Zip: WEEKI WACHEE FL 34613-6521**Continues on page 2**

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: JASON SPENCER**COMMANDER****03/11/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title 2 YR TRUSTEE
Name CHIVERS, DAVID W
Address 4317 BISCAYNE DRIVE
City-State-Zip: HERNANDO BEACH FL 34607-3006

Title 3 YR TRUSTEE
Name SCHRADER, WILLIAM S
Address RR 1 BOX 136
City-State-Zip: CARTHAGE NY 13619-9616