2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 765165

Entity Name: HERNANDO BEACH, POST NO. 9236, VETERANS OF FOREIGN

WARS OF THE UNITED STATES, INC.

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 06/15/2022

Electronic Signature of Registered Agent

Date

FILED

Jun 15, 2022

Secretary of State 5903348898CC

Officer/Director Detail:

Title	COMMANDER	Title	QUARTERMASTER
Name	SPENCER, JASON R	Name	WACHS, JOSEPH V.
Address	6083 WAYCROSS DRIVE	Address	3504 CROAKER DRIVE

City-State-Zip: SPRING HILL FL 34606-4650 City-State-Zip: HERNANDO BEACH FL 34607

Title SR VICE COMMANDER Title JR VICE COMMANDER

Name AKERS, ANTHONY D Name FINE, THOMAS L

Address 10130 FEATHER RIDGE DRIVE Address 12903 LAKE VISTA DRIVE

City-State-Zip: WEEKI WACHEE FL 34613 City-State-Zip: GIBSONTON FL 33534-3900

Title CHAPLAIN Title SERVICE OFFICER

Name PETER , CIGNARELLA A Name FEZY, JOHN S

Address 15139 BROOKRIDGE BLVD Address 3400 PALOMETA DRIVE

City-State-Zip: BROOKSVILLE FL 34613-5824 City-State-Zip: HERNANDO BEACH FL 34607-3653

TitleADJUTANTTitle1 YR TRUSTEENameSPENCER, JASON RNameDENDY, JIMMY

Address 6083 WAYCROSS DRIVE Address 3435 SHOAL LINE BLVD

City-State-Zip: SPRING HILL FL 34606-4650 City-State-Zip: HERNANDO BEACH FL 34607

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 06/15/2022

Officer/Director Detail Continued:

Title2 YR TRUSTEETitle3 YR TRUSTEENameMARTIN, THOMAS ENameCHIVERS, DAVID W.Address10521 MARYSVILLE STREETAddress417 BISCAYNE DRIVE

City-State-Zip: SPRING HILL FL 34608-4673 City-State-Zip: HERNANDO BEACH FL 34607-3006