1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 713710

FILED May 07, 1999 8:00 am § Secretary of State

05-07-1999 90176 044 ****61.25

| 1. Corporation | n Name | | | | | | |
|---|--|------------------------------------|--------------------|--|---|-----------------|--------------|
| MEMORIAL POST NO. 141, INC. | | | | | 541120 - 5 0176 - 44 | | |
| MEMORE | | | | | | | |
| | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | |
| 1350 CLUBHOUSE RD. 1350 CLUBHOUSE RD. | | | | | # #################################### | | |
| WEST PALM BEACH FL 33409 WEST PALM BEACH FL 3340 | | | | | | | |
| | | | | | 1 194 111 18461 11550 (1111 1548) 1191(851) 8151 | | |
| | | | | | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 3. Date Incorporated or Qualifed | | |
| 21 | 26 | | | | 11/29/1967 | | Ì |
| | te, Apt. #, etc. Suite, Apt. #, etc. | | | | 4. FEI Number | Api | plied For |
| 22 | | 27 | | | 59-6169847 | No | t Applicable |
| City & Stat | | | | | 5. Certificate of Status Desired | \$8.75 A | dditional |
| 23 | 28 | | | | 5. Certificate of Status Desired | Fee Re | quired |
| Zip | Country Zip Co | | Country | | 6. Election Campaign Financing | \$5.00 | May Be |
| 24 | 25 29 30 | | | | Trust Fund Contribution | Added to | o Fees |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registers | d Agent | |
| | | | 81 | Name | | | Į. |
| THIBAULT, JOSEPH | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | |
| 2357 CLUB HOUSE DR | | | | | | | |
| W. PALM BCH. FL 33409 | | | | 3 | | | ĺ |
| *************************************** | | | 84 | City | | . 85 Zip C | Code |
| | | | | | F | LII | • |
| 11. Pursuant | to the provisions of Sections 617.0502 | 2 and 617.1508, Florida Statutes, | the abov | e-named cor | poration submits this statement for the purpose tion's board of directors. I hereby accept the app | of changing its | registered |
| office or r | egistered agent, or both, in the State t im familiar with, and accept the obligat | ions of, Section 617.0503, Florida | Statute | y ine corporat \$. | lions board of directors. I hereby accept the app | JOHRHEIR as 10g | gistorod |
| SIGNATURE | , , | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register | | | | ent signature requir | red when reinstating) DATE | AND DIRECTO | DC IN 12 |
| 12. | OFFICERS AN | | 13. | | ADDITIONS/CHANGES TO OFFICERS | Change | Addition |
| TITLE | FTDC | ☐ DELETE | 1.1 TITLE | | | L3 Charige | |
| NAME | POWELL, KENNETH L SR. | | 1.2 NAME | į | | | (|
| STREET ADDRESS | | | 1.3 STREE | ET ADDRESS | | | { |
| CITY-ST-ZIP | WEST PALM BCH FL 33406 | | | ST-ZIP | | Change | Addition |
| TITLE | AS | ☐ DELETE | 2.1 TITLE | 1 | | change | |
| NAME | THIBAULT, JOSEPH | , JOSEPH 2.2 N | | | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | | · [|
| CITY-ST-ZIP | The state of the s | | 2.4 CITY- | | | Change | Addition |
| TITLE | FTD | ☐ DELETE | 3.1 TITLE | 1 | | Change | - Addition |
| NAME | TABL, OTATLET | | 3.2 NAME | i | | | |
| STREET ADDRESS | JOE DOGWOOD ND | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | The state | | 3.4. CITY- | | | C7 Change | Addition |
| TITLE | D | ☐ DELETÉ | 4.1 TITLE | | | Change | L Addition |
| NAME | SCHULTIS, CHARLES E | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREE | ET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY- | | *************************************** | [] Change | Addition |
| TITLE | D | ☐ DELETE | 5.1 TITLE | I | | €1 cusuâe | [Addition |
| NAME | CAVANAUGH, THOMAS | | 5.2 NAME | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | } |
| CITY-ST-ZIP | W. PALM BCH. FL 33417 | ALW DOT. 12 33417 | | ST-ZIP | | ☐ Change | Addition |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | □ cuana | L Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | 1 | | 6.3 STRE | ET ADDRESS | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.4 CITY-ST-ZiP

SIGNATURE:

STREET ADDRESS