

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714291

1. Entity Name

WAINWRIGHT POST NO. 2185 VETERANS OF FOREIGN WAR

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90192 025 ****70.00

Principal Place of Business 2136 SHERMAN AVE PANAMA CITY FL 32405	Mailing Address 2136 SHERMAN AVE PANAMA CITY FL 32405-6237
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0732976	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAISER, FREDERICK A.
 5108 MARLA DRIVE
 PANAMA CITY FL 32404

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	KAISER, FRED	
STREET ADDRESS	5108 MARLA DR.	
CITY-ST-ZIP	PARKER FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LONG, MICHEAL	
STREET ADDRESS	409 SCHOOL AVENUE LOT G3	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KIRKER, PAUL SR.	
STREET ADDRESS	211 LANNIE BOW DR.	
CITY-ST-ZIP	CALLAWAY FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LOWERY, MERLE	
STREET ADDRESS	1604 TYNDALL DR.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, JAMES A	
STREET ADDRESS	5104 MARLA DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ZIDZIK, STEVEN J	
STREET ADDRESS	3605 D STREET	
CITY-ST-ZIP	PANAMA CITY FL 32404	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES GLADHILL	
STREET ADDRESS	2136 SHERMAN AVE	
CITY-ST-ZIP	PANAMA CITY, FLA 32405	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL COLLINS	
STREET ADDRESS	2136 SHERMAN AVE	
CITY-ST-ZIP	PANAMA CITY, FLA 32405	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. MAYNARD	
STREET ADDRESS	2136 SHERMAN AVE.	
CITY-ST-ZIP	PANAMA CITY, FLA. 32405	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Long* MICHAEL LONG - QUARTERMASTER TREASURER
 4-11-00 850-769-6291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)