

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2003 8:00 am**  
**Secretary of State**

07-09-2003 90039 012 \*\*\*\*61.25

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**DOCUMENT # 714291**

1. Entity Name-

**WAINWRIGHT POST NO. 2185 VETERANS OF FOREIGN WAR  
S OF THE UNITED STATES, INC**



Principal Place of Business 2136 SHERMAN AVE PANAMA CITY FL 32405	Mailing Address 2136 SHERMAN AVE PANAMA CITY FL 32405
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-0732976</b>	Applied For Not Applicable
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	KAISER, FRED	<input type="checkbox"/> Delete
NAME		5108 MARLA DR.	
STREET ADDRESS		PARKER FL	
CITY-ST-ZIP			
TITLE	T	LONG, MICHEAL	<input checked="" type="checkbox"/> Delete
NAME		409 SCHOOL AVENUE LOT. G3	
STREET ADDRESS		PANAMA CITY FL 32401	
CITY-ST-ZIP			
TITLE	V	GLADHILL, JAMES	<input checked="" type="checkbox"/> Delete
NAME		2136 SHERMAN AVE	
STREET ADDRESS		PANAMA CITY FL 32405	
CITY-ST-ZIP			
TITLE	T	COLLINS, CARL	<input checked="" type="checkbox"/> Delete
NAME		2136 SHERMAN AVE	
STREET ADDRESS		PANAMA CITY FL 32405	
CITY-ST-ZIP			
TITLE	T	MAYNARD, J J	<input checked="" type="checkbox"/> Delete
NAME		2136 SHERMAN AVE	
STREET ADDRESS		PANAMA CITY FL 32405	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	T	WAGGNER, BEX L	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2136 SHERMAN AVE	
STREET ADDRESS		PANAMA CITY, FL 32405	
CITY-ST-ZIP			
TITLE	V	MAYNARD, JB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2136 SHERMAN AVE	
STREET ADDRESS		PANAMA CITY, FL 32405	
CITY-ST-ZIP			
TITLE	T	ORDNA, ANTONIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2136 SHERMAN AVE	
STREET ADDRESS		PANAMA CITY, FL 32405	
CITY-ST-ZIP			
TITLE	T	STICKLEY, KENNETH	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2136 SHERMAN AVE	
STREET ADDRESS		PANAMA CITY, FL 32405	
CITY-ST-ZIP			
TITLE			<input 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:** *[Signature]* **REQUIRED** **7-8-03** **850-769-6291**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (4/03)