

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 722440 1. Corporation Name

CLARENCE S. JONES POST NO. 4250, VETERANS OF FOR EIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

2350 SUNSET DR.

NEW SMYRNA BEACH FL 32168

P.O. BOX 1827

NEW SMYRNA BCH. FL 32170

FILED Mar 16, 1999 8:00 am § Secretary of State

03-16-1999 90100 007 ****61.25

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2. Principal Place of Business		2a	2a. Mailing Address						orated or Qualifed				•		
21			26							01/13/19					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. FEI Number			L		lied For			
22			27					_		<u>59-61619</u>	82	· •			Applicable
City & State		28	City & State					5. Certifcate of	f Status Desired			75 Ad e Req	lditional uired		
23 Zip		Country	20	Zip		Cou	ntrv			6 Election Cal	mpaign Financing		\$5	00 .	lay Be
— ·	[25]		29	p	r.				İ		Contribution			ded to	
24 25 29 30 30 9. Name and Address of Current Registered Agent						30		10. Name and Address of New Registered Agent							
	- Number	a radio		<u></u>			81	Name							
	I, LAWRENCE						82	Street A	Address	s (P.O. Box Num	nber is Not Accept	able)			
	HINGTON ST.						83				·		• • • • • • • • • • • • • • • • • • • •		
NEW SMY	'rna beach f	EL 32168													
							84	City				FL	85	Zip Co	ode
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11. Pursuant	to the provisions	of Sections 617.0502 or both, in the State of	and 6	317.1508, Flo ida, Such cha	irida Statute:	s, the al thorized	bove I hv 1	⊢named (corpora oration's	ition submits this s board of direct	s statement for the ors. I hereby acce	purpose of ot the appoi	cnang: ntment	ıg its ri as regi	egistered istered
agent. I a	m familiar with, a	and accept the obligation	ons of	f, Section 61	7.0503, Flori	da Statı	ites.	oo.pc	Di Gillotti (,	F	•		
SIGNATURE															
OIGHATORE	Signature, typed or pr	inted name of registered agent	and title	if applicable.	(NOTE:		Agent	signature re	equired wi	hen reinstating)		DATE	D DID	-0.00	C 111 40
12.	_	OFFICERS AND	DIRE			13.				ADDITIONS/	CHANGES TO OF	FICERS AN			
TITLE	T			Ц	DELETE	1.1 TI1	LE		1				☐ Ch	ange	☐ Addition
NAME	SIMBERG, 01	ITO				1.2 NA	ME	ĺ							
STREET ADDRESS	837 14TH AV	E.				1.3 ST	REET	ADDRESS							
CITY-ST-ZIP	NEW SMYRN	A BCH. FL 32168				1.4 CF	TY-ST	-ZIP							
TITLE	STD				DELETE	2.1 17	ΓLE						Ch	ange	☐ Addition
NAME	HALLIGAN, LAWRENCE J.			2.2 NAME											
STREET ADDRESS	306 WASHIN	_				2.3 STREET ADDRESS									
CITY-ST-ZIP	NEW SMYRN					2.4 CITY-ST-ZIP						- 5-			
TITLE	T	IN DENOMINE			DELETE	3.1 TN							☐ Ch	ange	☐ Addition
NAME	WILLSEY CL	VNE E				3.2 N/A	ME								
NAME WILLSEY, CLYDE E. STREET ADDRESS S. LYNN CT.			3.3 ST	REET	ADDRESS	}									
	-	A BCH_FL 32168				3.4. C			Ī						
TITLE	ST SMITH	A DUTI FL 32 100			DELETE	4.1 TF		. <u> </u>					☐ Ch	ange	Addition
NAME	* '	ADICC LI /ACCT\		_		4. 2 N							. —	-	
		ARLES H (ASST)						ADDRESS							
STREET ADDRESS	00														
CITY-ST-ZIP	EDGEWATER	<u>FL</u>	· · · · · · · · · · · · · · · · · · ·	54	DELETE	4.4 CF 5.1 TF		-214	 	•			☐ Ch	ange	Addition
TITLE	VCPD					5.1 M		J	1						
NAME	HELMS, WILL							ADDRESS	1						
STREET ADDRESS	25 SANDUNE								1						
CITY-ST-ZIP	NEW SMYRN	A BCH FL				_	TY-ST		ļ						Andreis-
TITLE	D				DELETE	6.1 TT		٠					□ Ch	ange	Addition
NAME	DEW, MAURI	CE				6.2 NA									
STREET ADDRESS	17.00			6.3 ST	6.3 STREET ADDRESS				-						
	NEW ONWEN	A BOLL EL				64 CI	TY-ST	. 7IP	ı						

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.

SIGNATURE:

3-15-99 904-433-1789