

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90970 023 ****61.25

DOCUMENT # **722440**
1. Entity Name **CLARENCE S JONES VETERANS OF FOREIGN WARS POST 4250**

DO NOT WRITE IN THIS SPACE

B0057429

2. Principal Place of Business **2350 SUNSET DR.**
Suite, Apt. #, etc. **2350 SUNSET DR.**
City & State **NEW SMYRNA BEACH, FL**
Zip **32168** Country **FL 32168**
3. Mailing Address **2350 SUNSET DR.**
Suite, Apt. #, etc.
City & State **NEW SMYRNA BEACH**
Zip **FL 32168** Country **FL 32168**

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4. FEI Number **59-61611982** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JEFFRY B. WIDMANN**
Street Address (P.O. Box Number is Not Acceptable) **2428 S. GLENCOE RD.**
City **NEW SMYRNA BEACH FL** Zip Code **32168**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FEE IS \$61.25
Initial or Amended UBR**

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

TITLE D	POST COMMANDER
NAME	O. KEefe, ROBERT. J.
STREET ADDRESS	816 E. 19TH ST.
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168
TITLE D	SERIOR VICE COMMANDER
NAME	MAYNES, EDWARD H.
STREET ADDRESS	146 SPRING DR.
CITY-ST-ZIP	PORT ORANGE, FL, 32119
TITLE D	JUNIOR VICE COMMANDER
NAME	MOORE, EDWARD
STREET ADDRESS	616 DONA ST.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE D	QUARTERMASTER
NAME	LAWRENCE J. HALLIGAN
STREET ADDRESS	306 WASHINGTON ST.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE D	DRIVER
NAME	DEW, MAURICE
STREET ADDRESS	850 DOUGHERTY ST.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Lawrence J. Halligan** **3-25-02 386-423-5178**

CR2E037B (12/01)