

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90068 035 \*\*\*\*61.25

**DOCUMENT # N46605**



1. Entity Name  
**SPECTRE, POST 11367, VETERANS OF FOREIGN WARS OF  
THE UNITED STATES, INC.**

Principal Place of Business  
**3050 HIGHWAY 98 WEST  
MARY ESTHER FL 32569**

Mailing Address  
**3050 HIGHWAY 98 WEST  
MARY ESTHER FL 32569**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3082264** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

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

**WILLIAMS, ARTHUR L  
3151 HWY 87  
NAVARRE FL 32566**

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

Name **BOEHM-CAL R**  
Street Address (P.O. Box Number is Not Acceptable)  
**3307 BOB TOLBERT RD.**  
City **NAVARRE** FL Zip Code **32566**

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 Cal E Boehm **01-10-03**  
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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD WILLIAMS, ARTHUR L 3151 HWY 87 NAVARRE FL 32566</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD JOHNSON, CAROL 9200 DEER LANE NAVARRE FL 32566</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KICK, MANFRED G 2452 HOUSTON CIR. GULF BREEZE FL 32561</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OTTEN, JESSICA K 2141 ESTATE CIR NAVARRE FL 32566</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD BOEHM, CAL R. 3307 BOB TOLBERT RD NAVARRE, FL 32566.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STABLER, MELISSA A 343 MICHAEL CT MARY ESTHER, FL 32569.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert W. ...  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 JAN 2003 850 581 0479  
850 939 3918

CR2E037 (10/02)