

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

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

01-13-2003 90445 003 ****70.00

DOCUMENT # N95000002934

1. Entity Name
CLEMONS-MCLEMORE-BISHOP AMVETS POST 549, INC.



Principal Place of Business: **925 EAST 23RD PLACE PANAMA CITY FL 32405**
Mailing Address: **925 EAST 23RD PLACE PANAMA CITY FL 32405**

2. Principal Place of Business:
3. Mailing Address:

Suite, Apt. #, etc.:

City & State:

Zip Country:



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**
Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HESS, BRIAN D
9108 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407**

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

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	D	<input type="checkbox"/> Delete
NAME	LANGLEY, BILL	
STREET ADDRESS	8426 LYDIA LANE	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRADER, JULES	
STREET ADDRESS	199 HITCHCOCK ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32409	
TITLE	D	<input type="checkbox"/> Delete
NAME	HICKS, JERRY L	
STREET ADDRESS	2512 N. BONITA AVE.	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	P	<input type="checkbox"/> Delete
NAME	BISHOP, JAMES W	
STREET ADDRESS	1015 E. 23 PL	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARSEE, JOHNNIE	
STREET ADDRESS	3011 LAWTON CT	
CITY-ST-ZIP	PANAMA CITY FL 32445	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRADD, JOE H	
STREET ADDRESS	3946 21ST PLACE	
CITY-ST-ZIP	PANAMA CITY FL 32405	

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 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 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: *James W Bishop* **BISHOP, JAMES W** 10 JANUARY 2003

CR2E037 (10/02)