2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005
Secretary of State

DOCUMENT# N98000001542

Entity Name: HAWTHORNE MEMORIAL POST NO 6389 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

100 HAWTHORNE BLVD
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

100 HAWTHORNE BLVD
LEESBURG, FL 34748

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMSELL, JAMES
132 PALO VERDE DRIVE
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: SAMSELL, JAMES E
Address: 132 PALO VERDE DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: DQM ( ) Delete
Name: ELWELL, ELMER D
Address: 201 PALO VERDE DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: DS ( ) Delete
Name: HOBBS, EDWARD I
Address: 140 PALO VERDE DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: DSC ( ) Delete
Name: HODGES, GEORGE T
Address: 528 HAWTHORNE BLVD.
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELMER D. ELWELL DQM 04/02/2005

Electronic Signature of Signing Officer or Director — Date