	UNIFORM BUSINE	SS REPORT	I (UB)	SQ	103	r-li papa			
DG	UMENT # N98000	FILED							
1. Entity Name WIlliston Post 55//					N3.MAP LI AN O				
•	Veterans OF FORIGEN WAS					03 MAR 14 AH 8: 14			
OF UNLTED STATES					SECRETALY OF STATE				
					SECRETALY OF STATE TALLAHASSEE, FLORIDA				
, "	DO NOT WRITE	IN THIS S	DACE	. •		.			
-			MOL		100/	109078:	221		
2. Principa	I Place of Business	·		100009078231 02/05/0301088001 **61.25					
## Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			N FL	32696					
Suite, Apt. #, etc.				·	DO NOT WRITE IN THIS SPACE				
City & St	City & State City & State			4. FEI Number Applied For			Applied For		
Zip	Zip Country Zip					000 162	Not Applicable		
			Country		5. Certificate of Sta	tus Desired	\$8.75 Additional Fee Required		
					7. Name and Addres	s of Current Regist			
	DO-NOT-WRITE				Name THOMPSON MARVINIH				
			Stre	et Address (P	O Box Number is N	ot Acceptable)			
. "	IN THIS SPA	ACE	I		ON FL				
				City FL Zip Code 32696					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or top in the state of Florida.									
~.	Pront &	Minus	W. C.	1-10A	A				
SIGNATURE MARINA N. IN DOMASON SR. VICE COMMO, 98-15-02									
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent s	ignature required w	hen reinstating)	DATI	E		
	FEE IS \$61.25 Initial or Amended UBR 9. Election Camp Trust Fund Cor				paign Financing \$5.00 May Bo				
~									
10.	OFFICERS AND DIREC	CTORS	1		<u></u>				
TITLE NAME	RUSSELL ROB	ERT -	TITLE	0	Rx 1170	<u>, , , , , , , , , , , , , , , , , , , </u>			
STREET ADDRESS	11691 NE, 74	th LN	NAME STREET ADDRES	_ 10	שלא שלו	,			
CITY-ST-ZIP	BRONSON FL :	32621	CITY-ST-ZIP	" M/A	Wi STAN	121 3	260L		
TITLE NAME	COURTNEY BO. 3150 S.E.L.CR.	NISKINE	TITLE 1	00	BY UT	<u> </u>	- CD-1-CD		
STREET ADDRESS	3150 S.E.L.CR.	337	NAME STREET ADDRES				A		
CITY-ST-ZIP	MORRISTON FL.		CITY-ST-ZIP	1 00 E	WISON	10 J	2696		
TITLE NAME	Schwarte FRAN	KL -	TITLE AT	O/o	BV 710	<u></u>			
STREET ADDRESS	2690 SE. CT RD 1:		NAME 47 STREET ADDRES	برے≔ر ≃انہ	11-4-12-4	1915	2696		
CITY-ST-ZIP TITLE	MORRISTON,FL	-32665	Cłty-st-zip	WI	W ADO T	NOT WR	ITE		
NAME			TITLE NAME		IN T	IIS SPA	CF		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	3	1 1/19/02 - 1	11011 - 012 -	**61.25		
TITLE			CITY-ST-ZIP	 			λ.		
NAME			TITLE NAME		10000	1907823 1011012	31		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	;	11/15/020	1011015	₩ 81.25		
TITLE			CITY-ST-ZIP	 		······································			
NAME			TITLE NAME			090782 01056016	:31		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		var 60/05	n102p01P	**61.25		
	ertify that the information supplied with this	filing does not qualify for the	CITY-ST-ZIP	100		·	,		
of the corp	ertify that the information supplied with this on this report or supplemental report is true oration or the receiver or trustee empower t with an address, with all other like empow	and accurate and that my sed to execute this report as	o exemption sta signature shall s required by (aled in Section have the same Chapter 617, 5	1 119.07(3)(i), Florida e legal effect as if ma Florida Statuta	Statutes. I further cer de under oath; that I a	rtify that the information am an officer or director		
attachment	t with an address, with all other like empow	ered.	uquired Uy (maplet 617, F	iorida Statutes; and	tnat my name appear	s in Block 10 or on an		

SIGNATURE: SIGNATURE: SIGNATURE AND THE SIGNATURE 10-15 02 325284069



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 18, 2002

WILLISTON POST NO. 5511, VETERANS OF FOREIGN WARS OF TH P.O. BOX 476 WILLISTON, FL 32696-0476

SUBJECT: WILLISTON POST NO. 5511, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.
Ref. Number: N98000006384

We have received your document for WILLISTON POST NO. 5511, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 402A00058043