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

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

420 67TH STREET, W.

BRADENTON FL 34209

DOCUMENT # 732317

1. Entity Name

Principal Place of Business

2. Principal Place of Business

SCHEDENECK, FRED W

420 67TH STREET W. **BRADENTON FL 34209**

420 67TH STREET, W.

BRADENTON FL 34209

Suite, Apt. #, etc.

City & State

Zip

PALMA SOLA POST NO. 10141 VETERANS OF FOREIGN WA **RS OF THE UNITED STATES. INC.**

Name and Address of Current Registered Agent



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90126 007 ****61.25

70012494

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-6552199 Applied For Not Applicable

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

7. Name and Address of New Registered Agent Fredericks NORMAN

Street Address (P.O. Box Number is Not Acceptable)

67th St. W.

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.

(NOTE: Registered Agent signature required when reinstating)

Country

SIGNATURE

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9. Election Campaign Financing

\$5.00 May Be Added to Fees

Make Check Payable to

DATE

FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition NAME SCHEDENECK, FRED W FREDERICKS, NORMAN NAME STREET ADDRESS **420 67TH STREET W.** 420 67 th ST, W. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP Bradenton, Fl 34209 TITLE ۷D ☐ Delete TITLE Change Addition NAME MOSER, JOSEPH NAME STREET ADDRESS 420 67TH ST W STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34209 ----CITY-ST-ZIP -۷D ☐ Delete TITLE ☐ Change Addition GLEASON, WILLIAM T NAME STREET ADDRESS 420 67TH ST W STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP TITLE CD ☐ Delete TITLE Change ☐ Addition RUSSELL, WILLIAM NAME NAME STREET ADDRESS 420 67TH ST W STREET ADDRESS CITY-ST-ZIP BRADENTON FL CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: