

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

DOCUMENT # 1735700

1. Entity Name John T. Hensley Chapter 94, Disabled American Veterans, INC FILED

02 NOV 21 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

601 CR 489

3. Mailing Address

PO Box 974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE PANASOFFKEE FL

City & State

LK PANASOFFKEE, FL

4. FEI Number

23-7098922

Applied For

Not Applicable

Zip

33538

Country

Zip

33538

Country

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name RAY GEECK

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

1185 CR 436

City

LK PANASOFFKEE, FL

FL

Zip Code

33538

DO NOT WRITE  
IN THIS SPACE

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.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution.

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\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMMANDER ALLEN BARNES <del>1731 CR 409C</del> BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CDR HENRY FERLAND 1937 CR 446A LK PANASOFFKEE, FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JR. VICE CDR GEORGE NORMAN 1810 CR 479 LK PANASOFFKEE, FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADJUTANT RAY GEECK PO Box 692 LK PANASOFFKEE, FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RAY GEECK PO Box 692 LK PANASOFFKEE, FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

RAY GEECK RAY GEECK Ali

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