

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90746 025 ****61.25

DOCUMENT # 735706

1. Entity Name

JOHN T. HENSLEY CHAPTER 96, DISABLED AMERICAN VETERANS, INCORPORATED



Principal Place of Business

**601 CR 489
LAKE PANASOFFKE FL 33538**

Mailing Address

**P.O. BOX 974
LAKE PANASOFFKE FL 33538
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7098922**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEECK, RAY
1185 CR 436
LAKE PANASOFFKEE FL 33538**

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

Ray Geck
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-03

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 **CDR** ☒ Delete
NAME **FERLAND, HENRY**
STREET ADDRESS **1937 CR 446A**
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE **CDR** ☒ Change ☐ Addition
NAME **BARNES, ALLEN**
STREET ADDRESS **P.O. BOX 160**
CITY-ST-ZIP **BUSHNELL, FL 33513**

TITLE **VCDR** ☒ Delete
NAME **NORMAN, GEORGE**
STREET ADDRESS **1810 CR 479**
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE **VCDR** ☒ Change ☐ Addition
NAME **HENRY FERLAND**
STREET ADDRESS **1937 CR 446A**
CITY-ST-ZIP **LAKE PANASOFFKEE, FL 33538**

TITLE **A** ☒ Delete
NAME **BARNES, ALLEN**
STREET ADDRESS **P.O. BOX 150**
CITY-ST-ZIP **BUSHNELL FL 33513**

TITLE **VCDR** ☒ Change ☐ Addition
NAME **GEORGE NORMAN**
STREET ADDRESS **1810 CR 479**
CITY-ST-ZIP **LK. PANASOFFKEE, FL 33538**

TITLE **T** ☐ Delete
NAME **GEECK, RAY**
STREET ADDRESS **P.O. BOX 692**
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **HICKMAN, JAMES**
STREET ADDRESS **CR 489**
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE **ADJ** ☒ Change ☐ Addition
NAME **RAY GEECK**
STREET ADDRESS **P.O. BOX 692**
CITY-ST-ZIP **LK. PANASOFFKEE, FL 33538**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Ray Geck
REQUIRED

4-3-03

352 793 5023

CR2E037 (10/02)