3/1/01 3

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
03-01-2001 90017 024 ****61.25

DOCUMENT # 751574

1. Entity Name

ASTOR POST NO. 9986 VETERANS OF FOREIGN WARS OF

Principal Place of Business	Mailing Address
55620 VETIRANS DR. P O BOX 141 ASTOR FL 32102	55620 VETIRANS DR. P O BOX 141 ASTOR FL 32102

DO NOT WRITE IN THIS SPACE

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 59-1696883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HACKWORTH, ERNEST~~ 56310 RED BUD ROAD P.O. BOX 127 ASTOR FL 32102 T	Name: DAVID GONZALES 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.

SIGNATURE David Gonzales 3/11/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ~~BLAIR, PAUL~~ T P.O. BOX 492 23827 RIVER ROAD ASTOR FL 32102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMMANDER ERNEST HACKWORTH, SR P.O. BOX 1175 Umatilla FL 32784	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD ~~DAVIS, FRANKLIN~~ P.O. BOX 791 23931 ERMINE ROAD ASTOR FL 32102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SR. VICE COMMANDER GARY BLAKE P.O. Box 141 ASTOR, FL 32102	☒ Change ☐ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JVD JAMIESON, EARL 1392 SPRING GARDEN ROAD DE LEON SPRINGS FL 32130	☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DOM GONZALES, DAVID P.O. BOX 127 56310 RED BUD ROAD ASTOR FL 32102	☐ Delete T	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: David Gonzales 2/20/01 352-759-3514 3465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #