

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90149 044 ****61.25

0069614

DOCUMENT # 754221

1. Entity Name

ORMOND BEACH POST 4319 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

**204 STANDISH DRIVE
 ORMOND BEACH FL 32176-3124
 US**

**P O BOX 5073
 ORMOND BEACH FL 32175
 US**

2. Principal Place of Business

3. Mailing Address

Box 5073 O.P. Fl. 32174

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7256646

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GOATER, HARRY C
 204 STANDISH DR
 ORMOND BEACH FL 32176**

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.

SIGNATURE

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	S	<input checked="" type="checkbox"/> Delete
NAME	WHALEN, CHARLES F	
STREET ADDRESS	126 HILDALE AVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	JVC	<input type="checkbox"/> Delete
NAME	CELONA, NICHOLAS L	
STREET ADDRESS	120 LYNHURST DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, TIMOTHY D	
STREET ADDRESS	17 KATHY DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HULSMAN, JOHN H	
STREET ADDRESS	1209 N BEACH ST	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GAVIN, PATRICK	
STREET ADDRESS	32 PLAZA DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	OT	<input type="checkbox"/> Delete
NAME	GOATER, HARRY C	
STREET ADDRESS	204 STANDISH DR	
CITY-ST-ZIP	ORMOND BEACH FL 32176	

TITLE	<i>Su. Vice Commander</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>? Running Bear Path</i>	
STREET ADDRESS	<i>Ormond Beach, Fl. 32174</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Harry C Goater - Trustmaster*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2002 (386) 441-1422
 Date Daytime Phone #

CR2E037 (9/01)