

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-08-2003 90004 019 *****61.25

DOCUMENT # 762477

1. Entity Name

**PEACE RIVER POST NO. 2824 VETERANS OF FOREIGN WA
RS OF THE UNITED STATES, INC.**



Principal Place of Business

**930 E CYPRESS ST
ARCADIA FL 34266**

Mailing Address

**PO BOX 207
ARCADIA FL 34265
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 **59-1933865**

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

**D SPERRY, ELIOT W
1998 NW GOAT HILL ST
ARCADIA FL 34268**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	☒ Delete
NAME	BEALER, RAYMOND	
STREET ADDRESS	2050 NW RICHARDS AVE	
CITY-ST-ZIP	ARCADIA FL 34268	
TITLE	COMMANDER	☐ Delete
NAME	KOCHER, RONALD F.	
STREET ADDRESS	1501 SE PLUM DRIVE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	JVC	☐ Delete
NAME	LOWRENCE, TED	
STREET ADDRESS	1802 NE MIKE ST	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	C	☐ Delete
NAME	WIGHT, GEORGE B	
STREET ADDRESS	P O BOX 295 WELLES PARK N/A	
CITY-ST-ZIP	FT OGDEN FL 34267	
TITLE	T	☐ Delete
NAME	LINTON, CECIL	
STREET ADDRESS	2552 NE TURNER LOT 63	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	DP	☐ Delete
NAME	OBERLEY, RUSSELL C	
STREET ADDRESS	5177 NE SANDY RD	
CITY-ST-ZIP	ARCADIA FL 34266	

TITLE	SVC-D	☐ Change ☒ Addition
NAME	CORNELL, ALVIN	
STREET ADDRESS	2265 S.E. AIRPORT ESTATES	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	C-D	☒ Change ☐ Addition
NAME	KOCHER, RONALD F.	
STREET ADDRESS	1501 S.E. PLUM DRIVE	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	JVC-D	☒ Change ☐ Addition
NAME	LAWRENCE, TED	
STREET ADDRESS	1802 N.E. MIKE ST.	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	C	☒ Change ☐ Addition
NAME	WIGHT, GEORGE B.	
STREET ADDRESS	P.O.BOX 295 WELLES PARK N/A	
CITY-ST-ZIP	FORT OGDEN, FL 34267	
TITLE	T	☐ Change ☐ Addition
NAME	LINTON, CECIL K.	
STREET ADDRESS	2552 N.E. TURNER RD. LOT #63	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	T	☐ Change ☐ Addition
NAME	OBERLEY, RUSSELL C.	
STREET ADDRESS	5177 N.E. SANDY LANE RD.	
CITY-ST-ZIP	ARCADIA, FL 34266	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 609.30(4), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)