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FILED

Feb 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763254 (0)

1. Corporation Name

BARTOW POST NO. 2405, VETERANS OF FOREIGN WARS OF  
THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

510 W/ VINE ST.  
BARTOW FL 33830510 W/ VINE ST.  
BARTOW FL 33830-5441

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/13/1982

3a. Date of Last Report

03/15/1996

4. FEI Number

59-6155206

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

10. Name and Address of New Registered Agent

SELLERS, JAMES B.  
755 W. MCLEOD  
BARTOW FL 33830

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC  
NAME SELLERS, JAMES B.  
STREET ADDRESS 755 W. MCLEOD  
CITY-ST-ZIP BARTOW FL ☐ DELETETITLE DC  
NAME MOGLE, GEORGE  
STREET ADDRESS 410 IVERYANNA AVE  
CITY-ST-ZIP BARTOW FL ☒ DELETETITLE CD  
NAME FORD, ANDREW, L  
STREET ADDRESS 1805 CAROLINA AVE  
CITY-ST-ZIP BARTOW FL ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☒ Addition  
COTTONGIM, EARNEST D.  
1005 E. SUMMERLIN ST.  
BARTOW, FL 338303.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

James B. Sellers 2/15/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0053465

CR2E037 (9/96)