


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 OCT 17 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763254	
1. Entity Name BARTOW POST NO. 2405, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.	

Principal Place of Business 510 WEST VINE STREET BARTOW, FL 33830	Mailing Address 510 WEST VINE STREET BARTOW, FL 33830
---	---

2. Principal Place of Business - No P.O. Box # 510 W. VINE ST	3. Mailing Address 510 W. VINE ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BARTOW FL	City & State BARTOW, FL
Zip 33830	Country POLK



REINSTATEMENT
1009201-1009201-1009201 (1/07) 07

6. Name and Address of Current Registered Agent SLAUGHTER, JAMES L 510 W. VINE STREET BARTOW, FL 33830	
--	--

7. Name and Address of New Registered Agent	
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 <i>James L. Slaughter</i>	DATE <i>10/9/07</i>
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50	Make check payable to Florida Department of State
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMDR SLAUGHTER, JAMES L 510 W VINE ST. BARTOW, FL 33830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400110887684 10/17/07--01038--006 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVC BUTTS, CHUCK 510 W VINE ST. BARTOW, FL 33830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>10/18</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OTRM QM LANE, DAVID 510 W. VINE ST. BARTOW, FL 33830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAP MUSIC, HERMAN 510 W. VINE ST. BARTOW, FL 33830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO OWENS, HENRY 510 W. VINE ST. BARTOW, FL 33830 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>JAMES L. SLAUGHTER James L. Slaughter</i>	DATE: <i>10/9/07</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	