

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLAUGHTER, JAMES L
510 W.VINE STREET
BARTOW, FL 33830

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 \$297.50

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CMDR
SLAUGHTER, JAMES L
510 W VINE ST.
BARTOW, FL 33830 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SRVC
BUTTS, CHUCK
510 W VINE ST.
BARTOW, FL 33830 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
QM
LANE, DAVID
510 W.VINE ST.
BARTOW, FL 33830 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHAP
MUSIC, HERMAN
510 W.VINE ST.
BARTOW, FL 33830 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SO
OWENS, HENRY
510 W.VINE ST.
BARTOW, FL 33830 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800160884058
09/21/09--01046--004 **297.50

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/09

Date

863 581 5739

Daytime Phone #

FILED
09 SEP 21 PM 3:55

STATE
BARTOW, FL 33830



REINSTATEMENT
09112009 REIN-NP (CR2E099 (1/07) 08-09