

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 763988

1. Entity Name
**BUCK CRAWFORD POST NO. 10082, VETERANS OF
FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business
**RT. 4, BOX 2490
LAKE BUTLER, FL 32054**

Mailing Address
**RT. 4, BOX 2490
LAKE BUTLER, FL 32054**



01312005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1901860

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**JENKINS, SAMUEL L
RR 3 BOX 21A
LAKE BUTLER, FL 32054**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JENKINS, SAMUEL L
STREET ADDRESS	RT. 3 BOX 21A
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	V
NAME	PITTMAN, HAROLD
STREET ADDRESS	511 SW 14TH STREET
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	TR
NAME	GREEN, GEORGE W
STREET ADDRESS	RR3 BOX 18
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	TR
NAME	GOUBATZ, ROBERT
STREET ADDRESS	RR5 BOX 4030
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	ST
NAME	MANN, LOUS W
STREET ADDRESS	RT. 4 BOX 2902
CITY-ST-ZIP	LAKE BUTLER, FL 32054
TITLE	V
NAME	JENKINS, SAMUEL L
STREET ADDRESS	RT.3 BOX 21 A
CITY-ST-ZIP	LAKE BUTLER, FL 32054

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02/05/05-80054-018 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-05 386 496-2855