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Jan 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766379 (2)

1. Corporation Name

HAWKINS KIRK GORDON POST 4185 VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

501 S. FRANCISCO AVENUE
CLEWISTON FL 33440501 S. FRANCISCO AVENUE
CLEWISTON FL 33440-48033. Date Incorporated or Qualified
12/30/19823a. Date of Last Report
02/28/19964. FEI Number
59-6162496Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fees 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARRS, ROBERT B.
1024 N.E. 27TH STREET
BELLE GLADE FL 33430

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE COD
NAME SLOAN, DONALD
STREET ADDRESS 1051 STATE ROAD 832 LOT 7
CITY-ST-ZIP CLEWISTON FL 33440 ☐ DELETE1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD
NAME PEARCEY, CHARLES
STREET ADDRESS RT. 1 77A
CITY-ST-ZIP SOUTH BAY FL 33493 ☐ DELETE2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP CLEWISTON, FL 33440TITLE D
NAME MARRS, ROBERT
STREET ADDRESS 1024 N.E. 27TH STREET
CITY-ST-ZIP BELLE GLADE FL 33430 ☒ DELETE3.1 TITLE ☒ Change ☐ Addition
3.2 NAME JIM LAIRD
3.3 STREET ADDRESS PO BOX 1504, NIA
3.4 CITY-ST-ZIP CLEWISTON, FL 33440TITLE D
NAME JOHNSON, CLARANCE
STREET ADDRESS 1507 DAVIDSON ROAD
CITY-ST-ZIP CLEWISTON FL 33440 ☐ DELETE4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME BRASHER, STEPHEN
STREET ADDRESS RR 1 BOX 1035
CITY-ST-ZIP CLEWISTON FL 33440 ☒ DELETE5.1 TITLE ☒ Change ☐ Addition
5.2 NAME OLSON, DELBERT L
5.3 STREET ADDRESS 715 SEMINOLE AVE,
5.4 CITY-ST-ZIP CLEWISTON, FL 33440TITLE D
NAME EVANS, JAY
STREET ADDRESS 1507 DAVID STREET
CITY-ST-ZIP CLEWISTON FL 33440 ☒ DELETE6.1 TITLE ☒ Change ☐ Addition
6.2 NAME NICHOLSON, CHARLES
6.3 STREET ADDRESS 710 SEMINOLE AVE,
6.4 CITY-ST-ZIP CLEWISTON, FL 33440

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-97

983-9748

Date

Daytime Phone # 0042614

CR2E037 (9/96)