

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 26 1998 8:00am
Secretary of State

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 33440

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CLEWISTON FL 33440

3. Date Incorporated or Qualified

12/30/1982

4. FEI Number

59-6162496

Applied For

Not Applicable

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

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

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 JOHN W. RHOADS

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

83

84 City CLEWISTON

FL

85 Zip Code 33440

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]*
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 ☒ DELETE

1.1 TITLE COD
1.2 NAME JOHN W. RHOADS
1.3 STREET ADDRESS 718 BOWDEN RD.
1.4 CITY-ST-ZIP CLEWISTON, FL 33440 ☒ Change ☐ Addition

TITLE VD
NAME PEARCEY, CHARLES
STREET ADDRESS RT. 1 77A
CITY-ST-ZIP CLEWISTON FL ☐ DELETE

2.1 TITLE VD
2.2 NAME CLARENCE JOHNSON
2.3 STREET ADDRESS 1507 DAVIDSON RD
2.4 CITY-ST-ZIP CLEWISTON, FL 33440 ☒ Change ☐ Addition

TITLE D
NAME LAIRD, JIM
STREET ADDRESS PO BOX 1504 NIA
CITY-ST-ZIP CLEWISTON FL ☒ DELETE

3.1 TITLE D
3.2 NAME RANDAL HATFIELD
3.3 STREET ADDRESS 605 54641 ST
3.4 CITY-ST-ZIP CLEWISTON, FL 33440 ☒ Change ☐ Addition

TITLE D
NAME JOHNSON, CLARENCE
STREET ADDRESS 1507 DAVIDSON ROAD
CITY-ST-ZIP CLEWISTON FL 33440 ☐ DELETE

4.1 TITLE D
4.2 NAME DONALD STARKS
4.3 STREET ADDRESS 116 W DELIGHT ST.
4.4 CITY-ST-ZIP CLEWISTON, FL 33440 ☒ Change ☐ Addition

TITLE D
NAME OLSON, DELBERTL
STREET ADDRESS 715 CLEWISTON AVE
CITY-ST-ZIP CLEWISTON FL ☒ DELETE

5.1 TITLE D
5.2 NAME ROBERT B. MARRS
5.3 STREET ADDRESS 1024 NE 27TH ST
5.4 CITY-ST-ZIP Belle Glade, FL 33440 ☒ Change ☐ Addition

TITLE D
NAME NICHOLSON, CHARLES
STREET ADDRESS 710 SEMINOLE AVE
CITY-ST-ZIP CLEWISTON FL ☒ DELETE

6.1 TITLE D
6.2 NAME NICKOLAS, H MUELLER
6.3 STREET ADDRESS 529 S. DEAN DUFF AVE
6.4 CITY-ST-ZIP Clewiston, FL 33440 ☒ Change ☐ Addition

14. 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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)