

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 766379

1. Corporation Name

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

Principal Place of Business  
501 S. FRANCISCO AVENUE  
CLEWISTON FL 33440

Mailing Address  
501 S. FRANCISCO AVENUE  
CLEWISTON FL 33440

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90011 028 \*\*\*\*61.25

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2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/30/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-6162496

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RHOADS, JOHN W.  
718 BOWDEN RD  
CLEWISTON FL 33440

81 Name

DONALD STARKS

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

116 W. DEL MONTE

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

Donald Starks

DONALD STARKS

DATE

1-6-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CDD ☒ DELETE  
NAME RHOADS, JOHN W.  
STREET ADDRESS 718 BOWDEN RD  
CITY-ST-ZIP CLEWISTON FL 33440

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE  
NAME HATFIELD, RANDAL  
STREET ADDRESS 605 SABAL ST  
CITY-ST-ZIP CLEWISTON FL 33440

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE  
NAME STARKS, DONALD  
STREET ADDRESS 116 W DELIGUNTE ST  
CITY-ST-ZIP CLEWISTON FL 33440

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE  
NAME MARRS, ROBERT B.  
STREET ADDRESS 1024 NE 27TH ST  
CITY-ST-ZIP BELLE GLADE FL 33440

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE  
NAME MUELLER, NICKOLAS H.  
STREET ADDRESS 529 S DEAN DUFT AVE  
CITY-ST-ZIP CLEWISTON FL 33440

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ 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, with all other like empowered.

SIGNATURE:

Donald Starks

Date

Daytime Phone #

1-6-99

983-9748

CR2E037 (11/98)