FILED
Mar 06, 2003 8:00 am
Secretary of State
01-10-2003 90206 032 ****61.25

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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766379

1. Entity Name
HAWKINS KIRK GORDON POST 4185 VETERANS OF FOREIG N WARS OF THE UNITED STATES, INC.

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

DOU14201

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
501 S FRANCISCO	501 S FRANCISCO
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEWISTON, FLORIDA	City & State: CLEWISTON, FLORIDA
Zip: 33440 Country: USA	Zip: 33440 Country: USA

4. FEI Number 59-6162496 ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

STANES, DONALD
116 W. DEL MONTE
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

Name: LAIRD, JIMMIE R.
Street Address (P.O. Box Number is Not Acceptable): 1550 OLD US 27, LOT 132
City: CLEWISTON FL Zip Code: 33440

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: Jimmie R Laird
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HATFIELD, RANDAL 605 SABAL ST CLEWISTON FL 33440	☒ Delete	D GREG TROMBLY PO Box 3277 Clewiston FL 33440	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STARKS, DONALD 116 W. DELMONTE CLEWISTON FL 33440	☒ Delete	T JIMMIE R. LAIRD 1550 OLD US27, LOT 132 CLEWISTON, FL 33440	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOHNSON, CLARANCE 1507 DAVIDSON ROAD CLEWISTON FL 33440	☐ Delete	D CHARLES PEARCY 1034 ALLEN RD, CLEWISTON, FL 33440	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUELLER, NICKOLAS H. 529 S DEAN DUFT AVE CLEWISTON FL 33440	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: Jimmie R Laird 1-8-03 863-983-9248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #