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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 766939

1. Corporation Name

**LEON COUNTY VETERANS OF FOREIGN WARS OF THE UNIT
ED STATES POST 3308 INC.**

Principal Place of Business

2765 1/2 W. TENN. ST.
PO BOX 3902
TALLAHASSEE FL 32315

Mailing Address

2765 1/2 W. TENN. ST.
PO BOX 3902
TALLAHASSEE FL 32315



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/11/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-6138286

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

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

**KAMINSKI, EDWARD J
3057 LAREDO DRIVE
TALLAHASSEE FL 32311**

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 **CD** ☒ DELETE
NAME **KAMINSKI, EDWARD J**
STREET ADDRESS **3057 LAREDO DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE **CD** ☐ DELETE
NAME **ROY, LEON J IV**
STREET ADDRESS **4125 HENIARD DR Y**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

2.1 TITLE **VCB** ☐ Change ☒ Addition
2.2 NAME **LAURENCE HADSAH**
2.3 STREET ADDRESS **6108 CRENSHAW BLK 14 UNIT 2108**
2.4 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☒ DELETE
NAME **RUSSELL, CLAYTON E**
STREET ADDRESS **2908 POUND DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

3.1 TITLE **T** ☐ Change ☒ Addition
3.2 NAME **TERRY UTTER**
3.3 STREET ADDRESS **1529 MYLAN STANES**
3.4 CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

TERRY UTTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 **850-575-4226**
Date Daytime Phone #

CR2E037 (1/98)