

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90210 020 ****61.25

DOCUMENT # 770789

1. Entity Name
**BYRD - WALLACE POST NO. 4351 VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.**



Principal Place of Business
**4613 AMELIA RD
FERNANDINA BEACH FL 32034-0432
US**

Mailing Address
**PO BOX 15432
FERNANDINA BEACH FL 32035-3108
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
961023 BUCCANEER TRAIL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FERNANDINA BEACH

City & State

4. FEI Number **59-6165452**

Applied For
Not Applicable

Zip
32034

Country
US

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAW, RICHARD A
2642 SETTLEMENT DR
JACKSONVILLE FL 32226**

-Name- **BEAMER, G. PATRICK**
Street Address (P.O. Box Number is Not Acceptable)
2413 1ST AVE BOX 804-V4

City **FERNANDINA BEACH** **FL** Zip Code **32034**

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

G. PATRICK BEAMER, TREASURER (QUARTERMASTER) 30APR03
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. 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 **TD** Delete
NAME **BEAMER, G. PATRICK**
STREET ADDRESS **2413 1ST AVENUE, BOX 804-V4**
CITY-ST-ZIP **FERNANDINA BEACH FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Delete
NAME **SHAW, RICHARD A**
STREET ADDRESS **2642 SETTLEMENT DR**
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE **VD** Change Addition
NAME **SHAW, RICHARD A**
STREET ADDRESS **2642 SETTLEMENT DR**
CITY-ST-ZIP **JACKSONVILLE FL 32226**

TITLE **VD** Delete
NAME **MONEY, WILLIAM G**
STREET ADDRESS **1261 FORREST DR**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **PD** Change Addition
NAME **MONEY, WILLIAM G**
STREET ADDRESS **1261 FORREST DR**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **SD** Delete
NAME **PRINCE, CLIFFORD E JR**
STREET ADDRESS **2605 BENZ PL**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **G. PATRICK BEAMER**
SIGNATURE REQUIRED

30APR03 (904) 261-6416

CR2E037 (10/02)