

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90125 008 ****61.25

DOCUMENT # 771308

Entity Name
JOHN C. GAINOUS POST NO. 10069 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business 74 TROUT AVE PORT ST. JOE FL 32456	Mailing Address PO BOX 591 PORT ST JOE FL 32457 US
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DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1863143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
HANSON, JACK R.A.
127 HUNTER CIRCLE
PORT ST. JOE FL 32456

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME SCD HANSON, JACK R.A. <input type="checkbox"/> Delete STREET ADDRESS 127 HUNTER CIRCLE CITY-ST-ZIP PORT ST. JOE FL 32456	TITLE NAME SVD SEEFELDT, ROCHARD S. <input checked="" type="checkbox"/> Delete STREET ADDRESS P.O. BOX 13609 NA CITY-ST-ZIP MEXICO BEACH FL
TITLE NAME GMD PAUL, HARRY L <input type="checkbox"/> Delete STREET ADDRESS 183 S. SEMINOLE STREET CITY-ST-ZIP PORT ST. JOE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME SVD ARMSTRONG, RICHARD J. <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 9412 COCKLES AVE P.O. BOX 13085 CITY-ST-ZIP MEXICO BEACH FL 32410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: *Harry L. Paul* **HARRY L. PAUL** **2-04-02** **(850) 229-8182**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)