

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

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90080 044 ****61.25



DOCUMENT # 771308

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

Principal Place of Business Mailing Address
**1774 TROUT AVE
PORT ST. JOE FL 32456
US** **PO BOX 591
PORT ST JOE FL 32457
US**



CHECK HERE IF MAKING CHANGES

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

4. FEI Number **59-1863143** Applied For
Not Applicable

5. Certificate of Status Desired **\$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

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

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		
TITLE	SCD	<input type="checkbox"/> Delete
NAME	HANSON, JACK R.A.	
STREET ADDRESS	127 HUNTER CIRCLE	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	ARMSTRONG, RICHARD J	
STREET ADDRESS	9412 COCKLES AVE-P O BOX 13085	
CITY-ST-ZIP	MEXICO BEACH FL 32410	
TITLE	GMD	<input type="checkbox"/> Delete
NAME	PAUL, HARRY L	
STREET ADDRESS	183 S. SEMINOLE STREET	
CITY-ST-ZIP	PORT ST. JOE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 Date: 2-9-03 Daytime Phone #: (850) 229-8182

CR2E037 (10/02)