

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT



DOCUMENT # N03000004204

1. Entity Name
THE MEN'S AUXILIARY UNIT OF THE GREATER
BEACHES POST 3270, VETERANS OF FOREIGN WARS
OF THE UNITED STATES

Principal Place of Business
915 8TH AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250

Mailing Address
PO BOX 55056
JACKSONVILLE BEACH, FL 32240

2. Principal Place of Business - No P.O. Box #
915 8th Ave South
Suite, Apt. #, etc.

3. Mailing Address
PO Box 5-5056
Suite, Apt. #, etc.

City & State
Jax Bch, FL
Zip
32250
Country
DuvvL

City & State
Jax Bch, FL
Zip
32240
Country
DuvvL

4. FEI Number
16-1680987
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
O'NEILL, KAREN B
1009 21ST STREET NORTH
JACKSONVILLE BEACH, FL 32250

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 6-10-09
4-21-09

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD MATHIS, HAROLD G 2140 FEATHERWOOD DRIVE W ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVANS, CLIFF 710 N 4TH ST JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STONE, KIRK L 518 MEADOWBROOK FARMS RD GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRISON, CARL 1620 2ND ST. N. APT 222 JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUYDASZ, STEVE 712 9TH STREET SOUTH JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JOHNSON, GERALD 203 BAY STREET NEPTUNE BEACH, FL 32266	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* DATE 4-21-09 6-10-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED

09 JUL -9 PM 2:56

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