2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N03334

1. Entity Name
GREEN COVE SPRINGS POST NO. 1988 VETERANS OF



Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90339 031 ****61.25

FILED

FOREIGN WARS OF THE UNITED STATES, INC.							
Principal Place of Business	Mailing Address						

421 S ORANGE AVE P.O. BOX 883 P.O. BOX 883 GREEN COVE SPRINGS, FL 32043 US GREEN COVE SPRINGS, FL 32043 2. Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc. Suite, Apt. #, etc.							04212004 Chg-NP CR2E037 (10/03)					
City & State		City	& State				4. FEI Number				plied For	
City & State	te City & State						59-6162480 Not Applicable					
Zip	Country	Zip Co.			itry					8.75 Add ee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
BULT, DONALD 421 S ORANGE AVE P.O. BOX 883					Name Street Address (P.O. Box Number is Not Acceptable)							
GREEN CO	OVE SPRINGS, FL 32043				City				FL	Zip Cod	е	
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 depicted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign F Trust Fund Contribut			ntributio	~		\$5.00 May Be Added to Fees Make check payable to Florida Department of State				ate	
10.	OFFICERS AND DIF	RECTORS		11.		PD	ADDITIONS/CHANG	ES TO OFFICER				
NAME STREET ADDRESS CITY-ST-ZIP	PD () BULT, DONALD 421 S ORANGE AVE GREEN COVE SPGS, FL 32043	ı	Delete	NAME STREE CITY-	T ADDRESS ST-21P	VIRGI 421	L WHITTEN S. ORANGE N COVE SPRI	AVE		□ Change	⊠ Addition	
TITLE NAME STREET ADDRESS	D GAYLORD ANTHONY 421 S ORANGE AVE P.O. BOX	383	Delete		r address	DRY 421	ARMSTRONG S. ORANGE	AVE.		Change	Addition	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32	2043		CITY-		GREE	AN COVE ST	RINGS, F				
NAME	DSV KILA, NORMAN		Delete	NAME	DSV	NAN	CY AUCLAI S. DRANGE	AVG.		☐ Change	X Addition	
STREET ADDRESS CITY-ST-ZIP	421 S ORANGE AVE P.O. BOX & GREEN COVE SPRINGS, FL 32			CITY-		GRE	EN COVE S	PRINGS !	fi =-		ے خصیت	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-	t address St-Zip					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY_ST_7IP	21 - 11 <u>-</u> - 1 2 221		Delete		T ADDRESS			· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	

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 attag

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

284-0775