

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

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90128 009 \*\*\*\*61.25

**DOCUMENT # N03334**



1. Entity Name  
**GREEN COVE SPRINGS POST NO. 1988 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business      Mailing Address  
**421 S ORANGE AVE      421 S ORANGE AVE**  
**P.O. BOX 883      P.O. BOX 883**  
**GREEN COVE SPRINGS FL 32043      GREEN COVE SPRINGS FL 32043**  
**US**



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

CHECK HERE IF MAKING CHANGES

City & State      City & State      4. FEI Number **59-6162480**      Applied For  
Zip      Country      Zip      Country      5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
Not Applicable

6. Name and Address of Current Registered Agent  
**BULT, DONALD**  
**421 S ORANGE AVE**  
**P.O. BOX 883**  
**GREEN COVE SPRINGS FL 32043**

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

B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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**

OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BULT, DONALD 421 S ORANGE AVE GREEN COVE SPGS FL 32043</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD OWEN, DALE R. 421 S ORANGE AVE GREEN COVE SPRGS FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WHITTEN, VIRGIL 421 S ORANGE AVE GREEN COVE SPRINGS FL 32043</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>QUARTER MASTER ANTHONY GAYLORD 421 S. ORANGE AVE, PO BOX 883 GREEN COVE SPRINGS, FL 32043</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SR VICE CMDR NORMAN KILG 421 S. ORANGE AVE, PO BOX 883 GREEN COVE SPRINGS FL 32043</b>	<input type="checkbox"/> Change <input checked="" 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 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: *Donald Bult* **REQUIRED DONALD BULT**      4/14/03      (904) 284-0175  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)