

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

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90079 042 ****70.00

0003157

DOCUMENT # N05635

1. Entity Name

EDEKER-DUBOSE POST 121, INCORPORATED, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA



Principal Place of Business

3621 HIGHWAY 4
C/O WILLIAM C. POLK
JAY FL 32565
US

Mailing Address

P.O. BOX 67
C/O WILLIAM C. POLK
JAY FL 32565
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6008849**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLK, WILLIAM C.
4949 DOBSON ROAD
JAY FL 32565

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, 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
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, BILLY G	
STREET ADDRESS	109 5 MAGNOLA ST	
CITY-ST-ZIP	JAY FL 32565	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMOND, JAMES F	
STREET ADDRESS	3036 LEWIS RD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEBB, BILLY	
STREET ADDRESS	5285 CRYSTAL CREEK DR	
CITY-ST-ZIP	PACE FL 32571	
TITLE	D	<input type="checkbox"/> Delete
NAME	GABBERT, E E	
STREET ADDRESS	PINE LEVEL CHURCH RD	
CITY-ST-ZIP	JAY FL 32565	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EASTEP, DAVID	
STREET ADDRESS	2542 NELSONTOWN RD	
CITY-ST-ZIP	JAY FL 32565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wieland Atchison	
STREET ADDRESS	5975 LAST CHANCE RD	
CITY-ST-ZIP	MILTON, FL 32570-9683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Z. PATRICKS	
STREET ADDRESS	P.O. Box 309 C3894 Hwy 4	
CITY-ST-ZIP	JAY FL 32565	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY WARE	
STREET ADDRESS	13104 HWY-197	
CITY-ST-ZIP	JAY, FL 32565	
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)(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:

Anthony Ware **ANTHONY WARE** 7-16-3 860-675-4195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)