4. FEI Number

## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N14633**

1. Entity Name

105 JOHN KING RD.

C/O JESSE D. WAY

Principal Place of Business

CRESTVIEW FL 32539-8906

Suite Apt. #, etc.

City & State

Zip

2. Principal Place of Business

AMERICAN VETERANS OF WORLD WAR II, KOREA, AND VI

Country

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Mailing Address

105 JOHN KING RD.

C/O JESSE D. WAY

3. Maiiing Address

City & State

Zip

CRESTVIEW

32539-8397

HS

**CRESTVIEW FL 32539-8307** 

105 JOHN KING ROAD

Country

USA

Suite Apt. #Letc. SPARKS

KEN SPARKS Street Address (P.O. Box Number is Not Acceptable)
105 JOHN KING ROAD WAY, JESSE D. 105 JOHN KING RD. **CRESTVIEW FL 32539** CRESTVIEW 32539-8307 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. KENNETH E. SPARKS, COMMANDER 23 FEB, 2000 SIGNÁTURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. <sup>2</sup> 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE XX Delete TITLE COMMANDER . **X** Change ☐ Addition KENNETH L SPARKS PD HOON, BRUSE NAME NAME 167 NICOLE-LANE STREET ADDRESS STREET ADDRESS 109 NORTH AVENUE EAST CRESTVIEW, FL. 32539 FIRSTSVICEACOMMANDER MARY K. TEAGUE VD CITY-ST-ZIF CRESTVIEW FL CITY-ST-ZIP X Delete X XChange VD TITLE TITLE MARY K. TEAGUE NAME MAY, BOBBY R. NAME STREET ADDRESS 4045 PAINTER BRANCH ROAD STREET ADDRESS P 0 B0X 433 CRESTVIEW, FL. 32536 CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 57 SECOND VICE COMMANDER Change Addition (X) Delete TITLE TITLE JESSE D. WAY STILES, CLAUDE E. 0 NAME NAME STREET ADDRESS 1217 VALLEY ROAD 3440 MELISSA LANE STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW, FL. 32539 CRESTVIEW FL 07 CHAIRMAN, BOARD OF TRUST&XChange HENRY T. KEITH — (X) Delete ☐ Addition TITLE TITLE WAY, JESSE D. NAME NAME 3067 AUBURN ROAD STREET ADDRES 1217 VALLEY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 07 CRESTVIEW, FL. 32539 🕅 Delete FINANCE OFFICER X KChange ☐ Addition TITLE TITLE SHELDON A. HEINZ BOWMAN, FRED C. NAME MAME 5592 AURORA DRIVE STREET ADDRESS STREET ADDRESS 2904 APLIN RD CITY-ST-ZIP CRESTVIEW, FL. 32539 CITY-ST-ZIP CRESTVIEW FL 06 Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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

RECLURED

EGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 27, 2000 8:00 am Secretary of State

03-02-2000 90101 049 \*\*\*\*70.00

Applied For

\$8.75 Additional

Fee Required

850-682-8435

Daytime Phone #

KENNETH L. SPARKS, COMMANDER

Not Applicable

(66/6)

**CR2E037** 



DO NOT WRITE IN THIS SPACE

XX

59-2863189

7. Name and Address of New Registered Agent

5. Certificate of Status Desired