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

DOCUMENT # N34354

1. Entity Name

WALTER R. MICKENS POST NUMBER 6021, VETERANS OF



FILED Mar 12, 2003 8:00 am § Secretary of State

03-12-2003 90080 044 ****70.00

FOREIGN	WARS OF THE UNITED STA	ATES, INC.		WE THE					
Principal Place 803 EMMA STI KEY WEST FL US		Mailing Address POST OFFICE BOX 903 KEY WEST FL 33040 US							
	Place of Business	3. Mailing Address							
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHE	CK HERE IF MAKING	CHANGES		
City & Stat	e	City & State		4	1. FEI Number 59-6	162528	_ 	oplied For	7
Zip	Country	Zip	Country	5	Certificate of Status			ditional	
	6. Name and Address of Current	Registered Agent		7	'. Name and Address	of New Registered A	ee Require		-
3			Name	Parl	Richar	, , , , , , , , , , , , , , , , , , , ,	34		1.
JAMES, F	ROBERT L.		Ctract		Box Number is Not A				1
314 CATI	HERINE STREET ST FL 33040		Street	Address (P.O	Crry LA	Acceptable)			ļ
NET WES	51 FL 33040		City	1 -	·		T Zio Cod		-
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	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office	or registered	agent, or both, in the	State of Florida. I am fa	miliar with,	and accept	
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SIGNATURE .	()20 /1	9				3-10-	ر ن		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent sign	ature required whe	en reinstating)	DATE			
ſ	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund C	npaign Financing ontribution.		5.00 May Be	Make Check Florida Departi			
10.	OFFICERS AND DI	RECTORS	11.	ADI	DITIONS/CHANGES T	O OFFICERS AND DIRI	ECTORS IN	10	1
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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: