

DOCUMENT # N34743

1. Entity Name

FLORIDA DISTRICT, 369TH VETERANS ASSOCIATION, IN**FILED**
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90084 016 ****70.00

Principal Place of Business

Mailing Address

P.O BOX 10657
ST. PETERSBURG FL 33733-0657
USP.O BOX 10657
ST. PETERSBURG FL 33733-0657
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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIOT, JAMES E III
2143 DESOTO WAY
ST. PETERSBURG FL 33712Name **Jack L. Highsmith**Street Address (P.O. Box Number is Not Acceptable)
3138 37th Ln. So.City **ST. Petersburg** FL Zip Code **33711**

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.

SIGNATURE

Jack L. Highsmith

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

3/30/2000**FILE NOW:****FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **ELLIOT, JAMES E III**
STREET ADDRESS **2143 DE SOTO WAY**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**TITLE **PD** ☒ Change ☐ Addition
NAME **Jack L. Highsmith**
STREET ADDRESS **3138 37th Ln So. Unit B**
CITY-ST-ZIP **ST. Petersburg FL 33711**TITLE **V** ☐ Delete
NAME **MARTIN, GODFREY A**
STREET ADDRESS **10105 ARROW CREEK ROAD**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GITTENS, ARTHUR P**
STREET ADDRESS **3257 ALDORO AVENUE**
CITY-ST-ZIP **SPRING HILL FL 34609**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **HOBSON, RONALDA**
STREET ADDRESS **115 3RD ST, W**
CITY-ST-ZIP **TIERRA VERDE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **CAMBLE, FRED**
STREET ADDRESS **2500 18TH AVE. SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **BUTLER, LEONARD**
STREET ADDRESS **370 NE ITHACA ST**
CITY-ST-ZIP **PORT CHARLOTTE FL**TITLE **D** ☒ Change ☐ Addition
NAME **Joseph O. Thomas**
STREET ADDRESS **276 SILMS CT.**
CITY-ST-ZIP **SPRING HILL FL 34609**

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: **JACK L. HIGHSMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)