

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90346 045 *****61.25

DOCUMENT # N37130

1. Entity Name

**BRADFORD COUNTY MEMORIAL, POST NO. 1016, VETERAN
S OF FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business

**250 N BAY ST.
STARKE FL 32091**

Mailing Address

**POST OFFICE BOX 367
STARKE FL 32091-0367**

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 **59-2930629**

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

**DAVIS, CHARLES
RT 5 BOX 7613
STARKE FL 32091**

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

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 **M** ☐ Delete
NAME **DAVIS, CHARLES**
STREET ADDRESS **RT 5 BOX 7613**
CITY-ST-ZIP **STARKE FL 32091**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **VAUGHN, JIM**
STREET ADDRESS **RT 4 BOX 2152**
CITY-ST-ZIP **LAKE BUTLER FL 32054**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SEARCY, GARY**
STREET ADDRESS **1257 NW 251ST STREET**
CITY-ST-ZIP **LAWTEY FL 32058**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCKINNEY, OTIS**
STREET ADDRESS **413 POLK ST.**
CITY-ST-ZIP **STARKE FL 32091**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PEACE, DAVE**
STREET ADDRESS **RT 4 BOX 809**
CITY-ST-ZIP **STARKE FL 32091**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **CAMACHO, FRANK**
STREET ADDRESS **PO BOX 245**
CITY-ST-ZIP **LAWTEY FL 32058**

TITLE ☒ Change ☐ Addition
NAME **CAMACHO, FRANK**
STREET ADDRESS **3241 NW 203RD ST**
CITY-ST-ZIP **LAWTEY, FL 32058-0000**

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:

Signature of Frank Camacho

1/24/03 (904) 368-2627

CR2E037 (10/02)