2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State
07-12-2001 90001 031 ****70.00

DOCUMENT # N51160

1. Entity Name

REGULAR VETERANS ASSOCIATION POST NO. 363 INC.

Principal Place of Business	Mailing Address
726 WOODVILLE HWY CRAWFORDVILLE FL 32327 US	726 WOODVILLE HWY CRAWFORDVILLE FL 32327 US

DO NOT WRITE IN THIS SPACE

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 51-0247900 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DENNISON, DAVID
228 WOODVILLE HWY
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name Gibson Jimmy
Street Address (P.O. Box Number Is Not Acceptable) 228 woodville Hwy
City Crawfordville FL Zip Code 32327

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 Jimmy Gibson Post Commander 7-10-01
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 12, 2001, min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIBSON, JIMMY 228 WOODVILLE HWY CRAWFORDVILLE FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Commander D Gibson, Jimmy 228 woodville Hwy Crawfordville, FL 32327	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERKINS, BASIL P O BOX 67 LLOYD FL 32337	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bishop, allen D Senior V Rt 1 Box 6151 Crawfordville, FL 32327	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MC CRANIE, GEORGE P O BOX 393 ST MARKS FL 32355	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jr. Vice D Maynard Rust 228 woodville Hwy Crawfordville, FL 32327	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILLEY, JUANITA 228 WOODVILLE HWY CRAWFORDVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Sgt Arms T William Davis P.O. Box 835 Woodville, FL 32362	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GIBSON, JIM 228 WOODVILLE HWY CRAWFORDVILLE FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Sgt Arms T Humphries, Jeff P.O. Box 254 St Marks, FL 32355	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BISHOP, ALLEN D RT 1 BOX 6151 CRAWFORDVILLE FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Gibson Jimmy T 228 woodville Hwy Crawfordville, FL 32327	☐ Change ☐ Addition

CR2E037 (5/01)

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 REQUIRED Jimmy Gibson 7-10-01 850-421-8582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #