FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001850 (6)

1. Corporation Name

JAMES A. LUCKEY MEMORIAL POST NO. 2032 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
555 GARDEN ROAD LA BELLE FL 33935	555 GARDEN ROAD LA BELLE FL 33935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1994
3a. Date of Last Report: 04/14/1994
4. FEI Number: 65-0380992 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: % GEORGE L. KELTNER
Suite, Apt. #, etc.
27: 4003 E. SUNFLOWER CIRCLE
City & State
28: LA BELLE, FLORIDA
Zip 29: 33935 Country 30: HENDRY

9. Name and Address of Current Registered Agent

KELTNER, GEORGE L
4003 EAST SUNFLOWER CIRCLE
PORT LA BELLE FL 33935

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PIXLEY, MICHAEL R	1.2 NAME	CLEMONS CHARLE R.	
STREET ADDRESS	200 SOUTH OAK STREET	1.3 STREET ADDRESS	1220 S. MAIN STREET	
CITY-ST-ZIP	LA BELLE FL	1.4 CITY-ST-ZIP	LA BELLE FLORIDA	
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	CORDER, DON B	2.2 NAME	VIRGILE BROWN	
STREET ADDRESS	P.O BOX 2187 N/A	2.3 STREET ADDRESS	40 09 SCHOOL CIRCLE	
CITY-ST-ZIP	LA BELLE FL	2.4 CITY-ST-ZIP	LA BELLE FL.	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	KELTNER, GEORGE L	3.2 NAME		
STREET ADDRESS	4003 E. SUNFLOWER CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LA BELLE FL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	S	☒ Change ☐ Addition
NAME	CLEMONS, CHARLES R	4.2 NAME	PIXLEY MICHAEL R.	
STREET ADDRESS	1220 S. MAIN STREET	4.3 STREET ADDRESS	200 SOUTH OAK STREET	
CITY-ST-ZIP	LA BELLE FL	4.4 CITY-ST-ZIP	LA BELLE FL.	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GEORGE L. KELTNER George L. Keltner 4/22/1995 (813) 675-7958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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