

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

555 GARDEN ROAD  
LA BELLE FL 33935

Mailing Address

C/O GEORGE L. KELTNER  
4003 E. SUNFLOWER CIRCLE  
LA BELLE FL 33935  
US

3. Date Incorporated or Qualified  
04/14/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business WAS GARDEN

2a. Mailing Address

21 310 COWBOY WAY RD

26 C/O GEORGE L. KELTNER

4. FEI Number  
65-0380992

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 NO MAIL BOX OR P.O. BOX

27 4003 E. SUNFLOWER CIR.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 LA BELLE

28 LA BELLE FL.

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33935

25 HENDRY

29 33935

30 HENDRY

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE PD

NAME CLEMONS, CHARLE R  
STREET ADDRESS 1220 S. MAIN STREET  
CITY-ST-ZIP LA BELLE FL

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

VIRGILE O. BROWN ☒ Change ☐ Addition  
4009 SCHOOL CIR.  
LA BELLE, FL. 33935

TITLE VPD ☐ DELETE

2.1 TITLE VPD

NAME BROWN, VIRGILE  
STREET ADDRESS 4009 SCHOOL CIRCLE  
CITY-ST-ZIP LABELLE FL

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

GEORGE L. KELTNER ☒ Change ☐ Addition  
4003 E. SUNFLOWER CIR.  
LA BELLE, FL. 33935

TITLE TD ☐ DELETE

3.1 TITLE TD

NAME KELTNER, GEORGE L  
STREET ADDRESS 4003 E. SUNFLOWER CIRCLE  
CITY-ST-ZIP LA BELLE FL

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

CHARLES R. CLEMONS ☒ Change ☐ Addition  
1220 S. MAIN ST.  
LA BELLE, FL. 33935

TITLE S ☐ DELETE

4.1 TITLE S

NAME PIXLEY, MICHAEL R  
STREET ADDRESS 200 SOUTH OAK STREET  
CITY-ST-ZIP LA BELLE FL

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

MICHAEL R. PIXLEY ☐ Change ☐ Addition  
200 SOUTH OAK STREET  
LA BELLE, FL. 33935

TITLE ☐ DELETE

5.1 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 SA/VICE CMDR REGIS AGENT 4/22/96 941 675 7938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)