03021999-90065-046-$61.25-$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90065 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001850

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
310 COWBOY WAY LA BELLE FL 33935 US	310 COWBOY WAY LA BELLE FL 33935 US

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

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 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

9. Name and Address of Current Registered Agent

CLEMONS, CHARLES P
1220 S. MAIN STREET
LABELLE FL 33935

10. Name and Address of New Registered Agent

81 Name: Eugene Armstrong
82 Street Address (P.O. Box Number is Not Acceptable)
83: 310 Garden Dr.
84 City: LaBelle FL 85 Zip Code: 33935

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: Eugene Armstrong — DATE: 4-16-99
Signature, typed or printed name of registered agent and date. Signature required when reinstating. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TC	☐ DELETE	1.1 TITLE	Comdr.	☒ Change ☐ Addition
NAME	CLEMONS, CHARLE R		1.2 NAME	Eugene Armstrong	
STREET ADDRESS	1220 S. MAIN STREET		1.3 STREET ADDRESS	310 Garden Dr.	
CITY-ST-ZIP	LA BELLE FL 32935		1.4 CITY-ST-ZIP	LaBelle, Fl. 33935	
TITLE	QM	☐ DELETE	2.1 TITLE	QM.	☒ Change ☐ Addition
NAME	JOHNSON, CHARLES E		2.2 NAME	Charles R. Clemons	
STREET ADDRESS	34060 S. EDGEWATER		2.3 STREET ADDRESS	310 Garden Dr.	
CITY-ST-ZIP	LA BELLE FL 33935		2.4 CITY-ST-ZIP	LaBelle, Fl. 33935	
TITLE	SVP	☐ DELETE	3.1 TITLE	Sr. Vice Comdr.	☒ Change ☐ Addition
NAME	ARMSTRONG, EUGENE		3.2 NAME	Alice Bishop	
STREET ADDRESS	13228 2ND ST., S.E.		3.3 STREET ADDRESS	310 Garden Dr.	
CITY-ST-ZIP	LA BELLE FL 33903		3.4 CITY-ST-ZIP	LaBelle, Fl. 33935	
TITLE	T	☐ DELETE	4.1 TITLE	Jr. Vice Comdr.	☒ Change ☐ Addition
NAME	PILE, LEO J		4.2 NAME	Donald Clifford	
STREET ADDRESS	H.C.3 BOX 964H , CASE ROAD		4.3 STREET ADDRESS	310 Garden Dr.	
CITY-ST-ZIP	LA BELLE FL 33935		4.4 CITY-ST-ZIP	LaBelle, Fl. 33935	
TITLE	T	☐ DELETE	5.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	THERRIEN, CALVIN		5.2 NAME	Leo. Pyle	
STREET ADDRESS	P.O. BOX 447, N/A		5.3 STREET ADDRESS	310 Garden Dr.	
CITY-ST-ZIP	LA BELLE FL 33975		5.4 CITY-ST-ZIP	LaBelle, Fl. 33935	
TITLE		☐ DELETE	6.1 TITLE	Trustee	☒ Change ☐ Addition
NAME			6.2 NAME	Millard Wagnon	
STREET ADDRESS			6.3 STREET ADDRESS	310 Garden Dr	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	LaBelle, Fl. 33935	

CR2E037 (11/98)

14. 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 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, with all other like empowered. Charles R. Clemons

SIGNATURE: SIGNATURE REQUIRED Charles R. Clemons — 941-675-4335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03021999-90065-046-$61.25-$61.25

N94000001850

471105-90055-18

13. Additions/Changes (cont)

7.1 Title – Trustee;

7.2 Name – Raymond Rushing

7.3 St. Address – 310 Garden Dr

7.4. City, St. Zip. – LaBelle, Fl. 33935