

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 24 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N94000002460 (3)**

1. Corporation Name

**REGULAR VETERANS ASSOCIATION POST 3, INC.**



Principal Place of Business	Mailing Address
3621 CENTURY BLVD. LAKELAND FL 33803	3621 CENTURY BLVD. LAKELAND FL 33811-1379

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1994		3a. Date of Last Report 09/05/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3248073		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NELSON, CANDY 6929 POLEY CREEK DR. EAST LAKELAND FL 33811				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PC	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HURST, THOMAS R			1.2 NAME			
STREET ADDRESS	5920 KIMBALL DR., APT A			1.3 STREET ADDRESS			
CITY-ST-ZIP	MULBERRY FL 33860			1.4 CITY-ST-ZIP			
TITLE	SVP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOWNS, JAMES W			2.2 NAME			
STREET ADDRESS	3621 CENTURY BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33811			2.4 CITY-ST-ZIP			
TITLE	JVP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHAPMAN, WALTER			3.2 NAME			
STREET ADDRESS	P O BOX 1002 N/A (N/A)			3.3 STREET ADDRESS			
CITY-ST-ZIP	SPARR FL 32192			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUTTS, SR, CHARLES W			4.2 NAME			
STREET ADDRESS	1070 S. IRVING AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	BARTOW FL 33830			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOWMAN, JOHN			5.2 NAME			
STREET ADDRESS	5920 KIMBALL DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	MULBERRY FL 33860			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, WILEY W			6.2 NAME			
STREET ADDRESS	4420 SHEPHERD ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	MULBERRY FL 33860			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: \_\_\_\_\_

CP2E037 (9/96)