

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002460 (3)**

1. Corporation Name

REGULAR VETERANS ASSOCIATION POST 3, INC.



Principal Place of Business 3621 CENTURY BLVD. LAKELAND FL 33803	Mailing Address 3621 CENTURY BLVD. LAKELAND FL 33803
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3. Date Incorporated or Qualified 05/13/1994
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4. FEI Number 59-3248073	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent NELSON, CANDY 6929 POLEY CREEK DR. EAST LAKELAND FL 33811	
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10. Name and Address of New Registered Agent	
81 Name Tonya S. Cathey	
82 Street Address (P.O. Box Number is Not Acceptable) 3621 Century Blvd.	
83 Lakeland,	
84 City Lakeland	85 Zip Code FL 33811

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 *Tonya S. Cathey* **January 10, 1998**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PC <input type="checkbox"/> DELETE
NAME	HURST, THOMAS R
STREET ADDRESS	5920 KIMBALL DR., APT A
CITY-ST-ZIP	MULBERRY FL 33860
TITLE	SVP <input type="checkbox"/> DELETE
NAME	TOWNS, JAMES W
STREET ADDRESS	3621 CENTURY BLVD
CITY-ST-ZIP	LAKELAND FL 33811
TITLE	JVP <input type="checkbox"/> DELETE
NAME	CHAPMAN, WALTER
STREET ADDRESS	P O BOX 1002 N/A
CITY-ST-ZIP	SPARR FL 32192
TITLE	D <input type="checkbox"/> DELETE
NAME	CRUCE, JERRY
STREET ADDRESS	P.O. BOX 289 N/A
CITY-ST-ZIP	PERRY FL 32347
TITLE	D <input type="checkbox"/> DELETE
NAME	BOWMAN, JOHN
STREET ADDRESS	5920 KIMBALL DR
CITY-ST-ZIP	MULBERRY FL 33860
TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIAMS, WILEY W
STREET ADDRESS	4420 SHEPHERD ROAD
CITY-ST-ZIP	MULBERRY FL 33860

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Tonya S. Cathey* **January 10, 1998** (941) 648-9331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)