

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90066 034 \*\*\*\*61.25

0057196

DOCUMENT # N94000002460

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/13/1994

4. FEI Number

59-3248073

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CATHEY, TONYA S  
3621 CENTURY BLVD  
LAKELAND FL 33811

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 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

*Thomas R Hurst*  
Signature, typed or printed name of registered agent and title if applicable.

*Commander*  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE

NAME HURST, THOMAS R  
STREET ADDRESS 5920 KIMBALL DR., APT A  
CITY-ST-ZIP MULBERRY FL 33860

TITLE SVP ☒ DELETE

NAME TOWNS, JAMES W  
STREET ADDRESS 3621 CENTURY BLVD  
CITY-ST-ZIP LAKELAND FL 33811

TITLE JVP ☐ DELETE

NAME CHAPMAN, WALTER  
STREET ADDRESS P O BOX 1002 N/A  
CITY-ST-ZIP SPARR FL 32192

TITLE D ☐ DELETE

NAME CRUCE, JERRY  
STREET ADDRESS P.O. BOX 289 N/A  
CITY-ST-ZIP PERRY FL 32347

TITLE D ☐ DELETE

NAME BOWMAN, JOHN  
STREET ADDRESS 5920 KIMBALL DR  
CITY-ST-ZIP MULBERRY FL 33860

TITLE D ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Thomas R Hurst* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)