

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002460

FILED
Feb 20, 2004
Secretary of State**Entity Name:** REGULAR VETERANS ASSOCIATION POST 3, INC.**Current Principal Place of Business:**3621 CENTURY BLVD.
LAKELAND, FL 33803**New Principal Place of Business:****Current Mailing Address:**3621 CENTURY BLVD.
LAKELAND, FL 33803**New Mailing Address:**3621 CENTURY BLVD.
LAKELAND, FL 33811**FEI Number:** 59-3248073**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CATHEY, TONYA S
3621 CENTURY BLVD
LAKELAND, FL 33811 US**Name and Address of New Registered Agent:**CATHEY, TONYA S
3621 CENTURY BLVD
LAKELAND, FL 33811 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TONYA S CATHEY

02/20/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: HURST, THOMAS R
Address: 5920 KIMBALL DR., APT A
City-St-Zip: MULBERRY, FL 33860

Title: SVP () Delete
Name: CATHEY, RICHARD E
Address: 4921 S. DEVONSHIRE LN
City-St-Zip: LAKELAND, FL 33813

Title: JVP () Delete
Name: JULIAN, DUNN
Address: 5920 KIMBALL RD CT B
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: CRUCE, JERRY
Address: P.O. BOX 289 N/A
City-St-Zip: PERRY, FL 32347

Title: D () Delete
Name: BOWMAN, JOHN
Address: 5920 KIMBALL DR
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: CYRUS, KLINE
Address: 3959 LEHMAN
City-St-Zip: MULBERRY, FL 33860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: JVP (X) Change () Addition
Name: JULIAN, DUNN
Address: 1995 SOUTH HWY 17-92
City-St-Zip: LONGWOOD, FL 33864

Title: D (X) Change () Addition
Name: LOFTON, DONALD
Address: 4013 SHADY HAMMOCK DRIVE
City-St-Zip: MULBERRY, FL 33860

Title: D (X) Change () Addition
Name: CHAPMAN, WALTER C
Address: 1709 BULLS BAY HWY
City-St-Zip: JACKSONVILLE, FL 32220

Title: D (X) Change () Addition
Name: KLINE, CYRUS
Address: 3959 LEHMAN
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER C CHAPMAN

D

02/20/2004

Electronic Signature of Signing Officer or Director

Date