


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90316 001 \*\*\*122.50

<b>DOCUMENT # N94000002460</b> 1. Entity Name <b>REGULAR VETERANS ASSOCIATION POST 3, INC.</b>					
Principal Place of Business <b>3621 CENTURY BLVD. LAKELAND, FL 33811</b>			Mailing Address <b>3621 CENTURY BLVD. LAKELAND, FL 33811</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3248073</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CATHEY, TONYA S 3621 CENTURY BLVD LAKELAND, FL 33811</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PC BARTLETT, FRANCIS 822 CASTLEWAY LAKELAND, FL 33803</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Post Commander Craig Boelens 4170 Old Colony Rd Mulberry, FL 33860</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SVP CHAPMAN, WALTER 1709 BULLS BAY HWY JACKSONVILLE, FL 32220</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Mulberry, FL 33860</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>JVP PIPER, MIKE 923 BONNIE DR. LAKELAND, FL 33803</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MONDAY, ED 529 TWIN LAKES CIRCLE WEST LAKELAND, FL 33815</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D THOMAS, WOLFE V 837 CASTLEWAY LAKELAND, FL 33803</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ED Bucsku 1033 Cumberland St. Lakeland, FL 33801</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D VAIL, TODD J 6227 PINWOOD VIL. CIR. WEST LAKELAND, FL 33811</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Tonya Cathey</i>			<b>4/30/08 863 6489331</b>		