

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90013 010 ****61.25

DOCUMENT # N98000001542

1. Entity Name
HAWTHORNE MEMORIAL POST NO 6389 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business VFW POST 6389 100 PALO VERDE DR LEESBURG FL 34749-1700	Mailing Address VFW POST 6389 100 PALO VERDE DR LEESBURG FL 34749-1700
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 Hawthorne Blvd. Suite, Apt. #, etc.	3. Mailing Address 100 Hawthorne Blvd. Suite, Apt. #, etc.
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City & State Leesburg, FL	City & State Leesburg, FL	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip 34748	Country Lake	Zip 34748	Country Lake

6. Name and Address of Current Registered Agent SAMSELL, JAMES 132 PALO VERDE DRIVE LEESBURG FL 34748	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DC	NAME SAMSELL, JAMES E STREET ADDRESS 132 PALO VERDE DRIVE CITY-ST-ZIP LEESBURG FL 34748	TITLE DQM	NAME ELWELL, ELMER D. STREET ADDRESS 201 PALO VERDE DRIVE CITY-ST-ZIP LEESBURG, FL 34748
TITLE DSC	NAME CROWELL, EDWARD J STREET ADDRESS 132 ROYAL PALM DRIVE CITY-ST-ZIP LEESBURG FL 34748	TITLE DS	NAME EDWARD I. HOBBS STREET ADDRESS 140 PALO VERDE DRIVE CITY-ST-ZIP LEESBURG, FL 34748
TITLE DS	NAME WALSTAD, JOHN O STREET ADDRESS 113 TAMARISK WAY CITY-ST-ZIP LEESBURG FL 34748	TITLE DSC	NAME WETTER, ROBERT H. STREET ADDRESS 217 HAWTHORNE BLVD. CITY-ST-ZIP LEESBURG, FL 34748
TITLE DQM	NAME WETTER, ROBERT H STREET ADDRESS 217 HAWTHORNE BLVD. CITY-ST-ZIP LEESBURG FL 34748	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME

12. 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 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.

SIGNATURE: SIGNATURE REQUIRED POST ADJUTANT (352) 728-1026 8/7/2002

CR2E037 (4/02)