

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90061 004 ****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
**100 HAWTHORNE BLVD
LEESBURG, FL 34748**

Mailing Address
**100 HAWTHORNE BLVD
LEESBURG, FL 34748**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



07092008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 **JAMES C. BRADFORD**

Street Address (P.O. Box Number is Not Acceptable)
101 AVOCADO COVE

City **LEESBURG** FL Zip Code **34748-8816**

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 JAMES C. BRADFORD DATE 7/14/2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SAMSELL, JAMES E 132 PALO VERDE DRIVE LEESBURG, FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DQM WINTERS, JACK A 104 CASCADE COVE LEESBURG, FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RUSS, CHRISTIAN 159 ROYAL PALM DR LEESBURG, FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSC PRIOR, CHARLEY 122 WILLOW LN LEESBURG, FL 34748	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC JAMES C. BRADFORD 101 AVOCADO COVE LEESBURG, FL 34748-8812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DQM EDWARD I. HOBBS 140 PALO VERDE DR. LEESBURG, FL 34748-8816	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: JAMES C. BRADFORD DATE 7/14/2008 DAYTIME PHONE # 365-0629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C. BRADFORD