

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

02/03

FILED

03 MAR 14 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100009078231
02/05/03--01088--001 **61.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # N980000006384

1. Entity Name Williston Post 5511
VETERANS OF FOREIGN WARS
OF UNITED STATES

2. Principal Place of Business
PO BOX 476
Suite, Apt. #, etc.

3. Mailing Address
Williston FL 32696
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

**DO NOT WRITE
IN THIS SPACE**

4. FEI Number
09 1000 162

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

7. Name and Address of Current Registered Agent
Name THOMPSON MARVIN H
Street Address (P.O. Box Number is Not Acceptable)
18850 NE 51st
Williston FL
City FL Zip Code 32696

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.

SIGNATURE MARVIN H. THOMPSON SR. VICE COMMANDER DATE 10-15-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>RUSSELL ROBERT</u> <u>11691 NE 74th LN</u> <u>BRONSON FL 32621</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PO Box 476</u> <u>Williston FL 32696</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>COURTNEY BENJAMINE</u> <u>3150 S.E. LCR 337</u> <u>MORRISTON FL 32668</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PO Box 476</u> <u>Williston FL 32696</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Schwartz FRANK L</u> <u>2690 SE ST RD 121</u> <u>MORRISTON FL 32668</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PO Box 476</u> <u>Williston FL 32696</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE <u>11/19/02 01011 012 **61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100009078231</u> <u>11/19/02--01011--012 **61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100009078231</u> <u>03/20/03--01056--016 **61.25</u>

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN H. THOMPSON 10-15 02 325284069



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 18, 2002

WILLISTON POST NO. 5511, VETERANS OF FOREIGN WARS OF TH
P.O. BOX 476
WILLISTON, FL 32696-0476

SUBJECT: WILLISTON POST NO. 5511, VETERANS OF FOREIGN WARS OF
THE UNITED STATES, INC.
Ref. Number: N98000006384

We have received your document for WILLISTON POST NO. 5511, VETERANS
OF FOREIGN WARS OF THE UNITED STATES, INC. and check(s) totaling
\$61.25. However, your check(s) and document are being returned for the
following:

Florida nonprofit corporations are required to have at least 3 directors or trustees.
Please place the letter "D" or "T" beside the names and business addresses of
each director or trustee.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 402A00058043