

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03334

**Entity Name:** GREEN COVE SPRINGS POST NO. 1988 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**FILED**  
**Feb 02, 2024**  
**Secretary of State**  
**8154969416CC**

**Current Principal Place of Business:**

421 S ORANGE AVE  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

PO BOX 883  
GREEN COVE SPRINGS, FL 32043

**FEI Number: 59-6162480**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

HARTLEY, JOSEPH G III  
411 WALNUT ST #19160  
GREEN CV SPGS, FL 32043 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: JOSEPH G HARTLEY**

**02/02/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           COMMANDER  
Name           MEEKER, LEE A  
Address       6 N OAKRIDGE AVE  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title           SENIOR VICE COMMANDER  
Name           MITCHELL, DAVID B  
Address       2703 COPPERWOOD AVE  
City-State-Zip: ORANGE PARK FL 32073

Title           ASSISTANT QUARTERMASTER  
Name           HARTLEY, JOSEPH G  
Address       411 WALNUT ST # 19160  
City-State-Zip: GREEN CV SPGS FL 32043-3443

Title           CANTEEN MANAGER  
Name           SPARKS, NICHOLE  
Address       PO BOX 883  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title           AUXILIARY PRESIDENT  
Name           DALES, ROSEMARY  
Address       EIN 46-5330386  
                  5361 HWY 17S  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title           AUXILIARY TREASURER  
Name           WHALEN, KELLI JO  
Address       EIN 46-5330386  
                  7925 DIAMOND LEAF DR S  
City-State-Zip: JACKSONVILLE FL 32244

Title           QUARTERMASTER  
Name           WAKESTER, MICHAEL J  
Address       2943 FISHER OAK PL  
City-State-Zip: GREEN CV SPGS FL 32043-3443

*I hereby 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 all other like empowered.*

**SIGNATURE: JOSEPH HARTLEY**

**ASSISTANT  
QUARTERMASTER**

**02/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date