

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001542

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

**FILED**  
**Jan 04, 2019**  
**Secretary of State**  
**CC4753529536**

**Current Principal Place of Business:**

100 HAWTHORNE BLVD  
LEESBURG, FL 34748

**Current Mailing Address:**

100 HAWTHORNE BLVD  
LEESBURG, FL 34748

**FEI Number: 59-3054643**

**Certificate of Status Desired: Yes**

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

LUPEJKIS, FRANK  
100 HAWTHORNE BLVD  
LEESBURG, FL 34748 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: FRANK LUPEJKIS**

**01/04/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DC  
Name LUPEJKIS, FRANK  
Address 100 HAWTHORNE BLVD  
City-State-Zip: LEESBURG FL 34748

Title DQM  
Name LOCKETTE, WILLIAM R  
Address 5409 WATER LILY CT  
City-State-Zip: LEESBURG FL 34748

Title DS  
Name VFW  
Address 100 HAWTHORNE BLVD  
City-State-Zip: LEESBURG FL 34748

Title COMMANDER  
Name FRANK LUPEJKIS  
Address 100 HAWTHORNE BLVD  
City-State-Zip: LEESBURG FL 34748

Title COMMANDER  
Name LUPEJKIS, FRANK  
Address 100 HAWTHORNE BLVD  
City-State-Zip: LEESBURG FL 34748

*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: WILLIAM R. LOCKETTE**

**QUARTERMASTER**

**01/04/2019**

Electronic Signature of Signing Officer/Director Detail

Date