

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90128 022 ****61.25

DOCUMENT # 717150

1. Entity Name

**INDIAN ROCKS POST NO. 10094 VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.**



Principal Place of Business

**14268 WALSINGHAM RD
LARGO FL 33774**

Mailing Address

**P O BOX 133
INDIAN ROCKS BEACH FL 33785**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7010567**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONREY, KARL
1598 PEMMWOOD CIR. S.
CLEARWATER FL 33756**

Name

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

1598 PENNWOOD CIR S

City

FL

Zip Code

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 **KARL C. CONREY**

Signature, typed or printed name of registered agent and title if applicable.

Karl C. Conrey

(NOTE: Registered Agent signature required when reinstating)

3-5-03

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, CHARLES 3337 20TH AVE SW LARGO FL 33774	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORD, JAMES SUNSET DR LARGO FL 33774	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14844 SUNSET DR.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDQ CONREY, KARL 1598 PEMMWOOD CIR S CLEARWATER FL 33756	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1598 PENNWOOD CIR S	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: **KARL C. CONREY**

3-5-03 6727 581 2250

CR2E037 (10/02)