

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2006 8:00 am
Secretary of State

09-08-2006 90001 016 ****61.25

DOCUMENT # 739125

1. Entity Name

HILLIARD POST 10095 VETERANS OF FOREIGN WARS
OF THE UNITED STATES, INC.



Principal Place of Business

37965 EASTWOOD ROAD
HILLIARD FL 32046
US

Mailing Address

P.O. BOX 643
HILLIARD FL 32046
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/06)

4. FEI Number

23-7078833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KINCADE, G. CHARLES
26204 BUSCH DRIVE
HILLIARD FL 32046

7. Name and Address of New Registered Agent

Name

OWENS, ALBERT

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

3036 CR 121

City

HILLIARD

FL

Zip Code

32046

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

Albert Owens **ALBERT OWENS**

7-18-06

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

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	D	☒ Delete
NAME	KINCADE, G.C.	
STREET ADDRESS	26204 BUSCH DRIVE	
CITY - ST - ZIP	HILLIARD FL 32046	
TITLE	PD	☒ Delete
NAME	KINCADE, CHARLES	
STREET ADDRESS	26204 BUSCH DRIVE	
CITY - ST - ZIP	HILLIARD FL 32046	
TITLE	TD	☒ Delete
NAME	CREWS, PHILLIP	
STREET ADDRESS	2594 DRURY FERRY LN.	
CITY - ST - ZIP	HILLIARD FL 32046	
TITLE	V	☒ Delete
NAME	OWENS, ALBERT	
STREET ADDRESS	P.O. BOX 643	
CITY - ST - ZIP	HILLIARD FL 32046	
TITLE	O	☒ Delete
NAME	CREWS, PHILLIP	
STREET ADDRESS	2598 DRURY FERRY LANE	
CITY - ST - ZIP	HILLIARD FL 32046	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☒ Change ☐ Addition
NAME	OWENS, ALBERT	
STREET ADDRESS	3036 CR 121	
CITY - ST - ZIP	HILLIARD FL 32046	
TITLE	PD	☒ Change ☐ Addition
NAME	OWENS, ALBERT	
STREET ADDRESS	3036 CR 121	
CITY - ST - ZIP	HILLIARD FL 32046	
TITLE	T.D.	☒ Change ☐ Addition
NAME	O'QUINN JOSEPH H	
STREET ADDRESS	P.O. BOX 331	
CITY - ST - ZIP	HILLIARD FL 32046	
TITLE	V	☒ Change ☐ Addition
NAME	COEN, JOHN	
STREET ADDRESS	35570 GLORY RD	
CITY - ST - ZIP	CALAHAN FL 32011	
TITLE	O	☒ Change ☐ Addition
NAME	O'QUINN, JOSEPH H.	
STREET ADDRESS	P.O. BOX 331	
CITY - ST - ZIP	HILLIARD FL 32046	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

Joseph H. O'Quinn **JOSEPH H. O'QUINN**

7-18-06

904-845-1128