

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90038 001 \*\*\*\*61.25

**DOCUMENT # 749266**  
1. Entity Name  
**FLAGLER COUNTY POST NO. 5213, VETERANS OF  
FOREIGN WARS OF THE UNITED STATES**



Principal Place of Business Mailing Address  
**PO BOX 2075 BUNNELL FL 32110** **PO BOX 2075 BUNNELL FL 32110**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

4. FEI Number **59-6162521** Applied For Not Applicable  
5. Certificate of States Desired  **\$8.75 Additional Fee Required**

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent  
**WRIGHT, ROBERT HOWARD, M.D.  
14 ZODIAC PLACE  
~~BUNNELL FL 32110~~  
PALM COAST, FL  
32164-5873**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature is used when requesting)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>C<br/>WRIGHT, DEIDRE J<br/>P.O. BOX 350597<br/>PALM COAST FL 32135-0597</b>       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>SHEEHAN, JAMES<br/>P.O. BOX 1642<br/>FLAGLER BEACH FL 32136-1642</b>        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>WRIGHT, ROBERT HOWARD<br/>14 ZODIAC PLACE<br/>PALM COAST FL 32164-5873</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>SHEEHAN, JAMES F<br/>1802 N. CENTRAL AVE.<br/>FLAGLER BCH. FL</b>          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>WRIGHT, JAMES H.<br/>112 BREN MAR LANE<br/>PALM COAST FL</b>                | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |
|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>WRIGHT, DEIDRE J,<br/>8 ZODIAC PLACE<br/>PALM COAST FL<br/>32164-5873</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Robert Howard Wright, M.D.* **ROBERT HOWARD WRIGHT, M.D.**



Department of the Treasury  
Internal Revenue Service

COPY FOR INSPECTOR

ATLANTA, GA 39901

**ATTACHMENT**

In reply refer to: 0716502979  
Aug. 30, 1995 LTR 139C  
23-7200605 9506 67 000

01343

# 40016759

VETERANS OF FOREIGN WARS DEPT OF 749266  
BUNNELL POST 5213  
BOX 2075  
BUNNELL FL 32110-2075757

Employer Identification Number: 23-7200605

Dear Taxpayer:

We are sorry, but we assigned you more than one employer identification number. The number shown above is your correct one. Do not use the number 59-6162521; it is incorrect.

We will transfer any payments or returns to your account under the correct employer identification number.

If you have any questions about this letter, please write us at the address shown. If you prefer, you may call the IRS telephone number listed in your local directory. An employee there may be able to help you, but the office at the address shown on this letter is most familiar with your case.

When you write, please include your telephone number, the hours you can be reached, and this letter. You may also want to keep a copy for your records.

Your telephone number \_\_\_\_\_ Hours \_\_\_\_\_

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Katy J. Brown  
Chief, Accounting Branch

Enclosure(s):  
Copy of this letter