


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-31-2007 90034 022 ****61.25

DOCUMENT # 749646					
1. Entity Name ELLENTON V.F.W. NO. 9226, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 3511 12TH ST., E. ELLENTON, FL 34222		Mailing Address 3511 12TH ST., E. ELLENTON, FL 34222			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1936299	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FENCL, JOHN 2707 88TH STREET EAST PALMETTO, FL 34221			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CD ANDERSON, DANIEL L 3511 12TH STREET EAST ELLENTON, FL 34222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	T ANDERSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T JOHNSON, ROY 3511 12TH ST. E. ELLENTON, FL 34222 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVCD ANDERSON SVCD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LUC LAFRAMBOISE 3511 12TH ST E ELLENTON FL 34222		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVCD COOPER, JOSEPH 3511 12TH ST. E. ELLENTON, FL 34222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	CD ANDERSON CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DARY DIMAIO 3511 12TH ST. E. ELLENTON, FL 34222		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	QM FENCL, JOHN 3511 12TH STREET EAST ELLENTON, FL 34222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T FIOCHETTA, GARY 3511 12TH ST. E. ELLENTON, FL 34222 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	JVCD TACKETT, ROBERT 3117 36TH AVENUE EAST PALMETTO, FL 34221 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVCD ANDERSON SVCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DARY DIMAIO 3511 12TH ST E ELLENTON FL 34222		
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: <u>John Fencl</u> John Fencl 1/29/07 941-729-8535					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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01112007 Chg-NP CR2E037 (12/06)