


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90055 019 ****61.25

DOCUMENT # N04000002537					
1. Entity Name USS JAMES K. POLK VETERANS ASSOCIATION INC.					
Principal Place of Business 2910 KERRY FOREST PKWY SUITE D4-360 TALLAHASSEE, FL 32309			Mailing Address 1411 W. AUTUMNWOOD LANE LAKE CHARLES, LA 70605 53		
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		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOMME, ROBERT JAMES 2910 KERRY FOREST PKWY SUITE 04-360 TALLAHASSEE, FL 32309				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	V	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMME, ROBERT JAMES		NAME		
STREET ADDRESS	3066 FERMANAGH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, HAROLD N		NAME		
STREET ADDRESS	18 APRICOT COURT		STREET ADDRESS		
CITY-ST-ZIP	GAITHERSBURG, MD 20878		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAME, MICHAEL		NAME		
STREET ADDRESS	66 CHURCHILL ROAD		STREET ADDRESS		
CITY-ST-ZIP	LEDYARD, CT 06339		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAWL, WALT		NAME		
STREET ADDRESS	1411 W AUTUMNWOOD		STREET ADDRESS		
CITY-ST-ZIP	LAKE CHARLES, LA 70605		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTSEY, RON		NAME		
STREET ADDRESS	14833 SW 132 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KETTERING, KEN		NAME		
STREET ADDRESS	426 SE WALTERS TERRACE		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL 43983		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: <i>Walt Drawl</i>		Date: 1-18-08		Daytime Phone #: 337-475-0180	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	