


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

07-12-2007 90056 029 ****61.25

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| DOCUMENT # N46605 | | | |  | |
| 1. Entity Name SPECTRE, POST 11367, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC. | | | | | |
| Principal Place of Business 3050 HIGHWAY 98 WEST MARY ESTHER, FL 32569 | | Mailing Address 3050 HIGHWAY 98 WEST MARY ESTHER, FL 32569 | | | |
| 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 59-3082264 | |
| 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 | | |
| WARDEN, KAREN A 1002 ROCKPORT DRIVE FORT WALTON BEACH, FL 32547 | | | Name RON ENGBERG Street Address (P.O. Box Number is Not Acceptable) 3050 US HWY 98W City MARY ESTHER FL Zip Code 32569 | | |
| 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 <i>Ronald L Engberg</i> Signature, typed or printed name of registered agent and title if applicable | | | DATE 11/08/08 | | |
| Filing Fee is \$61.25 Due by September 14, 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 WARDEN, KAREN L 1002 ROCKPORT DR. FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | COMMANDER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RON ENGBERG 3050 US HWY 98W MARY ESTHER, FL 32569 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WILLIAMS, ARTHUR L 2387 HWY 87 NAVARRE, FL 32566 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRUSTEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BILL ADKINS 3050 US HWY 98W MARY ESTHER, FL 32569 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KRENKEL, JON L 2870 MASTERS BLVD NAVARRE, FL 32566 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRUSTEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BUD HANNA 3050 US HWY 98W MARY ESTHER, FL 32569 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS KICK, HANFRED G 3050 US HWY 98 W. MARY ESTHER, FL 32569 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | QUARTERMASTER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ED RHODES 3050 US HWY 98W MARY ESTHER, FL 32569 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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 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>Edward Rhodes</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | EDWARD RHODES | | 7-10-07 850-581-0479 Date Daytime Phone # |

66020963



07102007 Chg-NP CR2E037 (12/06)