

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90027 011 \*\*\*\*61.25



**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 #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

01142008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3082264**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ENGBERG, RON**  
 3050 HIGHWAY 98 WEST  
 MARY ESTHER, FL 32569

**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 *Ronald L Engberg* DATE *2-6-08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing 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          | C                     | <input type="checkbox"/> Delete            |
| NAME           | ENGBERG, RON          |  |
| STREET ADDRESS | 3050 HIGHWAY 98 WEST  |  |
| CITY-ST-ZIP    | MARY ESTHER, FL 32569 |  |
| TITLE          | T                     | <input checked="" type="checkbox"/> Delete |
| NAME           | ALLISON, BILL         |  |
| STREET ADDRESS | 3050 HIGHWAY 98 WEST  |  |
| CITY-ST-ZIP    | MARY ESTHER, FL 32569 |  |
| TITLE          | T                     | <input type="checkbox"/> Delete            |
| NAME           | HANNA, BUD            |  |
| STREET ADDRESS | 3050 US HWY 98 W.     |  |
| CITY-ST-ZIP    | MARY ESTHER, FL 32569 |  |
| TITLE          | QM                    | <input type="checkbox"/> Delete            |
| NAME           | RHODES, ED            |  |
| STREET ADDRESS | 3050 US HWY 98 W.     |  |
| CITY-ST-ZIP    | MARY ESTHER, FL 32569 |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | J                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | JIM ALGER             |  |
| STREET ADDRESS | 3050 HWY 98 W         |  |
| CITY-ST-ZIP    | MARY ESTHER, FL 32569 |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> 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:** *Edward Rhodes* **EDWARD RHODES** DATE *2-6-08* DAYTIME PHONE # *850-581-0877*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR