


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 732153 1. Entity Name KENT PURCELL POST NO. 10090 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.	
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Principal Place of Business P.O. BOX 382 NICEVILLE, FL 32588	Mailing Address P.O. BOX 382 NICEVILLE, FL 32588
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07102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7089923	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REDDICK, ROBERT R 1812 RATTAN PALM DR NICEVILLE, FL 32578
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**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAVER, CHESTER D 138 EDWARDS CIR WALPARISO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REINHARDT, ROBERT G 111 FRIAR TUCK DR NICEVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REDDICK, ROBERT R 1812 RATTAN PALM DR NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, HOWARD T 58 HIDDEN COVE VALPARAISO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000768343
07/12/07-80004-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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 517, 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 R. Reddick Robert R. Reddick 7-10-07 850-678-6285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #