

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-08-2008 90031 001 ****61.25

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1. Entity Name

KENT PURCELL POST NO. 10090 VETERANS OF
FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business

P.O. BOX 382
NICEVILLE FL 32588

Mailing Address

P.O. BOX 382
NICEVILLE FL 32588

2. Principal Place of Business - No P.O. Box #

920 HOSPITAL DRIVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

NICEVILLE, FL

City & State

Zip

OKALOOSA

Country

4. FEI Number

23-7089923

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

REDDICK, ROBERT R
1812 RATTAN PALM DR
NICEVILLE FL 32578

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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 VD
NAME SHAVER, CHESTER D ☐ Delete
STREET ADDRESS 138 EDWARDS CIR
CITY-ST-ZIP WALPARISO FL

TITLE SD
NAME REINHARDT, ROBERT G ☒ Delete
STREET ADDRESS 111 FRIAR TUCK DR
CITY-ST-ZIP NICEVILLE FL

TITLE TD
NAME REDDICK, ROBERT R ☐ Delete
STREET ADDRESS 1812 RATTAN PALM DR
CITY-ST-ZIP NICEVILLE FL 32578

TITLE P
NAME ANDERSON, HOWARD T ☒ Delete
STREET ADDRESS 58 HIDDEN COVE
CITY-ST-ZIP VALPARAISO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME HATTAWAY, JIMMY L ☒ Addition
STREET ADDRESS 337 HOLMES BLVD
CITY-ST-ZIP FT WALTON BEACH, FL 32548

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME GOEHRINGER, DAVID S. ☒ Addition
STREET ADDRESS 169 MARCIA DRIVE
CITY-ST-ZIP FT WALTON BEACH, FL 32548

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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.

40020850



1st MOORE

CR2E037 (10/07)