

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703288

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** BRANDON VETERANS' POST AND PARK ASSOCIATION, INC.

**Current Principal Place of Business:**

115 W CLAY ST  
BRANDON, FL 33510

**New Principal Place of Business:**

**Current Mailing Address:**

115 W CLAY ST  
BRANDON, FL 33510

**New Mailing Address:**

**FEI Number:** 23-7113896

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CREASMAN, SAMUEL L  
4618 DAVENTRY PLACE  
VALRICO, FL 33596 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** ABBETT, GERARD  
**Address:** 122 W. CLAY AV  
**City-St-Zip:** BRANDON, FL 33510

**Title:** D  
**Name:** GOLSON, BENNIE  
**Address:** 122 W. CLAY AV.  
**City-St-Zip:** BRANDON, FL 33510

**Title:** DT  
**Name:** CREASMAN, SAMUEL L  
**Address:** 4618 DAVENTRY PLACE  
**City-St-Zip:** VALRICO, FL 33596

**Title:** DS  
**Name:** ABBETT, LORI  
**Address:** 122 W. CLAY AV.  
**City-St-Zip:** BRANDON, FL 33510

**Title:** D  
**Name:** VIVIRITO, THOMAS A  
**Address:** 609 MARPHILL LOOP  
**City-St-Zip:** BRANDON, FL 33511

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SAMUEL L. CREASMAN

DT

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date