

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 704297

1. Entity Name

**PINE HILLS POST 8152 VETERANS OF FOREIGN WARS
OF THE UNITED STATES INCORPORATED**



Principal Place of Business

**4711 PINE HILL RD.
POST OFFICE BOX 585233
ORLANDO FL 32858-5233**

Mailing Address

**4711 PINE HILL RD.
POST OFFICE BOX 585233
ORLANDO FL 32858-5233**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1005167

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRUBBS, TOM
4623 TERESA RD
ORLANDO FL 32808**

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **GRUBBS, TOM**
STREET ADDRESS **4623 TERESA RD**
CITY - ST - ZIP **ORLANDO FL 32808**

☐ Change ☐ Add
000000418417
02/14/06-80008-002 61.25

TITLE ☐ Delete
NAME **GOODMAN, JAMES R**
STREET ADDRESS **1204 ORANGE ST.**
CITY - ST - ZIP **APOPKA FL 32703**

☐ Change ☐ Add

TITLE ☐ Delete
NAME **YOUNG, WILLIAM**
STREET ADDRESS **2224 ASHLAND BLVD**
CITY - ST - ZIP **ORLANDO FL 32808**

☐ Change ☐ Add

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Add

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Add

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Add

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.