

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 704771

1. Entity Name
**LEROY ROOKS, JR., POST NO. 4252, VETERANS OF
FOREIGN WARS, INCORPORATED**



Principal Place of Business
**3190 N CARL E ROSE HWY
P.O. BOX 858
HERNANDO, FL 34442-0858 US**

Mailing Address
**3190 N CARL E ROSE HWY
P.O. BOX 858
HERNANDO, FL 34442-0858 US**



02052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7070319

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BACHINSKY, ANDREW G
3190 CARL G ROSE HWY
HERNANDO, FL 34442**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 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
**D
BACHINSKY, ANDREW G
PO BOX 858
HERNANDO, FL 34442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SIDLINGER, DAVID
3190 N CARL G ROSE HWY
HERNANDO, FL 34442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
WHITE, FRANK H
P.O. BOX 858
HERNANDO, FL 34442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PRIVE, ROBERT
PO BOX 858
HERNANDO, FL 34442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Faint text]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Faint text]

U000000626389
02/15/07-80019-001 70.00

**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 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

[Handwritten Signature]

**VFW POST 4252
QUARTERMASTER
P.O. BOX 858**

Ph 726-3339

7Feb07