

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90016 029 *****70.00

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1. Entity Name

**ROBERT LEAK AGEE, POST NO. 1966, VETERANS OF
FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business

**350 SW 25TH STREET
FORT LAUDERDALE FL 33315**

Mailing Address

**350 SW 25TH STREET
FORT LAUDERDALE FL 33315**

40007076



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1006189

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

**HARRIS, HARRY H
900 SW 29TH ST APT 1
FORT LAUDERDALE FL 33315**

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, 2005**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
MCCARRON, GEORGE JR
4311 S. W. 11TH STREET
PLANTATION FL 33317-4519** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
LATOURRETTE, JAMES
1416 SW 15 TERRACE
FORT LAUDERDALE FL 33312-3311** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVC
Connie Christiansen
1141 SW 9th Terr
Ft. Lauderdale, FL 33315** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**OMT
HARRIS, HARRY H
1425 SW 19 STREET
FORT LAUDERDALE FL 33315-1962** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**OMT
Harry H. Harris
900 SW 29th St.
Ft. Lauderdale, FL 33315** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CARLO, EDDIE R
1619 SW 25 STREET
FORT LAUDERDALE FL 33315-2210** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JAD
BUTCHER, JOHN W JR
2308 SW 83 AVENUE
DAVIE FL 33324-5321** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Harry H. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-05 954 765 0791