

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706444

**FILED**  
**Feb 26, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

350 SW 25TH STREET  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

350 SW 25TH STREET  
FORT LAUDERDALE, FL 33315

**New Mailing Address:**

**FEI Number:** 59-1006189      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PIRTLE, GARY N  
1101 RIVER REACH #115  
FORT LAUDERDALE, FL 33315      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:** C  
**Name:** MCCARRON, GEORGE JR  
**Address:** 4311 S. W. 11TH STREET  
**City-St-Zip:** PLANTATION, FL 333174519

**Title:** QM  
**Name:** PIRTLE, GARY N  
**Address:** 1101 RIVER REACH #115  
**City-St-Zip:** FORT LAUDERDALE, FL 33315

**Title:** SVC  
**Name:** WIARDA, DEAN R  
**Address:** 10136 COUNTRY BROOK ROAD  
**City-St-Zip:** BOCA RATON, FL 33428

**Title:** JVC  
**Name:** DAVIS, WELDON  
**Address:** 1000 11TH COURT  
**City-St-Zip:** FORT LAUDERDALE, FL 33311

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: GARY N. PIRTLE

QM

02/26/2011

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

\_\_\_\_\_  
Date