

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90101 014 ****70.00

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1. Entity Name
VETERANS COUNCIL OF HILLSBOROUGH COUNTY,
INC.



Principal Place of Business
VETERANS PARK & MUSEUM
3602 HIGHWAY 301 NO
TAMPA, FL 33619 US

Mailing Address
3602 HIGHWAY 301 NO
TAMPA, FL 33619 US

50011687



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2956581

Applied For
Not Applicable

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

BRAUN, DAVE
510 ROBIN HILL CIRCLE
BRANDON, FL 33510

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

Dave Braun

February 2, 2005

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, 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

TITLE P ☐ Delete
NAME BRAUN, DAVE
STREET ADDRESS 510 ROBIN HILL CR.
CITY-ST-ZIP BRANDON, FL 33510

TITLE VD ☐ Delete
NAME RITTER, BEN
STREET ADDRESS 121 W 122ND AV
CITY-ST-ZIP TAMPA, FL 33612

TITLE VD ☐ Delete
NAME MACDONALD, AL
STREET ADDRESS 11830 GROVEWOOD AV
CITY-ST-ZIP THONOTOSASSA, FL 33592

TITLE VD ☒ Delete
NAME DOYLE, AL
STREET ADDRESS 1817 BRANDON BROOK RD
CITY-ST-ZIP VALRICO, FL 33594

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
NAME 3RD VP
STREET ADDRESS LEROY CORDINA
CITY-ST-ZIP 1516 S. TORRINGTON AV.
BRANDON, FL 33511

TITLE ☐ Change ☒ Addition
NAME TREASURER
STREET ADDRESS MARY ELLEN HAALAN
CITY-ST-ZIP 9116 QUAIL STOP DR.
TAMPA, FL 33606

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

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:

Dave Braun DAVE BRAUN

2-2-05 813 310-8513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #