## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #708777**

1. Entity Name
VETERANS COUNCIL OF HILLSBOROUGH COUNTY,



Feb 05, 2007 8:00 am Secretary of State 02-05-2007 90113 001 \*\*\*\*61.25

**FILED** 

| Principal Place of Business       |  |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|--|
| <b>VETERANS PARK &amp; MUSEUM</b> |  |  |  |  |  |  |
| 3602 HIGHWAY 301 NO               |  |  |  |  |  |  |

| 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 |   |               |   |                                  |  | :       | *                  |                          | D 17111 1840: 11  | [8]   [8]   8] |          |  | ENER E AF                     |  |
|---|---|---------------|---|----------------------------------|--|---------|--------------------|--------------------------|-------------------|----------------|----------|--|-------------------------------|--|
| Principal Place of Business - No P.O. Box #     Mailing Address   |   |               |   |                                  |  |         |                    |                          |                   |                |          |  |                               |  |
| Suite, Apt.   | #, etc.   | Suite, A      | Suite, Apt. #, etc.                               |                                  |  |         | 01152              | 007 (                    | Chg-NP            |                | CR2E0    | 37 (12/06)                                     |                               |  |
| City & Stati  | е   | City & S      | City & State                                      |                                  |  |         | 4. FELN<br>59-     | Number<br>-29565         | 81                | •              |          | <u> </u>                                       | Applied For<br>lot Applicable |  |
| Zíp Country Zi  |   |               | Country   |                                  |  |         | 5. Certi           | ificate of S             | Status Des        | ired           |          | \$8.75 Ac                                      | ditional                      |  |
|   | 6. Name and Address of Current  | Registered Ag | jent  |                                  |  |         | 7. Nam             | e and Ad                 | dress of l        | lew Reg        | jistered | Agent  |                               |  |
| BRAUN, DAVE<br>510 ROBIN HILL CIRCLE<br>BRANDON, FL 33510   |   |               |   | -                                | Name  Street Address (P.O. Box Number is Not Acceptable) |         |                    |                          |                   |                |          |  |                               |  |
|   |   |               |   |                                  | City   |         |                    |                          |                   |                | FL       | Zip Co   | de                            |  |
| 8. The above<br>the obligati  | 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. |               |   |                                  |  |         |                    |                          |                   |                |          |  |                               |  |
| Filing Fee is \$61.25<br>Due by May 1, 2007   |   |               | Election Campaign Fin     Trust Fund Contribution |                                  |  |         | _ +0.00            |                          |                   |                |          | ike check payable to<br>da Department of State |                               |  |
| 10.   | OFFICERS AND DIR  | ECTORS        |   | 11.                              |  | A       | DDITION            | S/CHANG                  | GES TO OF         | FICERS         | AND D    | IRECTORS I                                     | N 10                          |  |
| NAME STREET ADDRESS CITY-ST-ZIP   | P<br>BRAUN, DAVE<br>510 ROBIN HILL CR.<br>BRANDON, FL 33510   | -             | ☐ Delete  | TITLE<br>NAME<br>STREE<br>CITY-5 | T ADDRESS  | -       |                    |                          |                   |                |          | Change   | Addition                      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VP<br>RITTER, BEN<br>121 W 122ND AV<br>TAMPA, FL 33612  |               | ☐ Delete  | TITLE<br>NAME<br>STREE<br>CITY-S | T ADORESS  |         |                    | <u>-</u>                 |                   |                |          | ☐ Change                                       | Addition                      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VP<br>MACDONALD, AL<br>11830 GROVEWOOD AV<br>THONOTOSASSA, FL 33592   |               | ☐ Delete  | TITLE<br>NAME<br>STREE<br>CATY-S | T ADDRESS  |         |                    |                          |                   |                |          | ☐ Change                                       | ☐ Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VP<br>MULER, RICHARD<br>2525 W KNOLLWOOD ST<br>TAMPA, FL 33614  |               | Delete  | TITLE NAME STREE CITY-S          | T ADDRESS  | VICT 30 | E PI<br>122<br>ALR | RESI<br>HA<br>STA<br>ICO | PEN<br>AKE<br>RMO | +<br>u » j     | 59<br>59 | □ Change                                       | Addition                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TR<br>HARLAN, MARY ELLEN<br>9116 QUAIL STOP DR<br>TAMPA, FL 33606   |               | ☐ Delete  | TITLE NAME STREE CITY-           | T ADDRESS  |         |                    |                          |                   |                |          | ☐ Change                                       | ☐ Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | partify that the information curplied with  |               | ☐ Delete  | TITLE<br>NAME<br>STREE<br>CITY-S | T ADDRESS  |         |                    |                          |                   |                |          | ☐ Change                                       | ☐ Addition                    |  |

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 if changed, or on an attachment with an address, with all other like empowered.

| SIG | N | ΔΤ | 1116 | ?F∙ |
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