

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90003 039 \*\*\*\*61.25

**DOCUMENT # 709168**

1. Entity Name

**ONEAL-PRIEST POST NO 4141-VETERANS OF FOREIGN  
WARS OF THE UNITED STATES INC**



Principal Place of Business

**5 S.E. 2ND AVENUE  
DELRAY BEACH, FL 33444-3615**

Mailing Address

**5 S.E. 2ND AVENUE  
DELRAY BEACH, FL 33444-3615**



01042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-1095976**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

~~BALVIN, HENRY A  
3001 LINTON BLVD. #206C  
DELRAY BEACH, FL 33447~~

*SEE ITEM 10*

**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

*MENDEZ KURT M*

*2/6/08*

**Filing Fee is \$61.25  
Due by May 1, 2008**

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  
**C  
KUNN, ROBERT D  
531 NW 13TH ST  
DELRAY BEACH, FL 33444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~**Q  
BALVIN, HENRY A  
3001 LINTON BLVD. #206C  
DELRAY BEACH, FL 33447**~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Q  
MENDEZ KURT M  
7200 N.W. 2ND AVE APT 133  
BOCA RATON, FL 33487**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

*Robert Kunn* **COMMANDER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*561-276-9529*