

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720440

FILED  
Jan 08, 2007  
Secretary of State

**Entity Name:** DE BARY POST NO. 8093, VETERANS OF FORIEGN WARS OF THE UNITED STATES, INC.

**Current Principal Place of Business:**

351 S HWY 17 92  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

351 S HWY 17 92  
DEBARY, FL 32713

**New Mailing Address:**

**FEI Number:** 59-6162543

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, DAVIS E  
351 S HWY 17- 92  
P O BOX 33  
DEBARY, FL 32713 US

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

BROWN, DAVID E  
351 S HWY 17- 92  
DEBARY, FL 32713 US

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: DAVID BROWN

01/08/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CMDD ( ) Delete  
Name: BROWN, DAVID E  
Address: 351 S. HWY. 17-92  
City-St-Zip: DEBRAY, FL 32713

Title: SVD ( ) Delete  
Name: JONES, PAUL D  
Address: 351 S. HWY. 17-92  
City-St-Zip: DEBARY, FL 32713

Title: QMD ( ) Delete  
Name: HAMMOND, DANIEL E  
Address: 351 S HWY 1792  
City-St-Zip: DEBARY, FL 32713

Title: ADJD ( ) Delete  
Name: WORALL, LARRY  
Address: 351 S HWY 1792  
City-St-Zip: DEBARY, FL 32713

Title: JVCD ( ) Delete  
Name: SINGLETON, MICHAEL  
Address: 351 S HWY 1792  
City-St-Zip: DEBARY, FL 32713

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SVD (X) Change ( ) Addition  
Name: BUSSEY, RONALD F  
Address: 351 S. HWY. 17-92  
City-St-Zip: DEBARY, FL 32713

Title: QMD (X) Change ( ) Addition  
Name: KENNEDY, WILLIAM  
Address: 351 S HWY 1792  
City-St-Zip: DEBARY, FL 32713

Title: ADJD (X) Change ( ) Addition  
Name: ALEXANDER, DAVID  
Address: 351 S HWY 1792  
City-St-Zip: DEBARY, FL 32713

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTINA HUTCHERSON

ADM

01/08/2007

Electronic Signature of Signing Officer or Director

Date