

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90051 013 ****61.25

DOCUMENT # 720440 1. Entity Name DE BARY POST NO. 8093, VETERANS OF FORIEGN WARS OF THE UNITED STATES, INC.																																																																																																																																																																													
Principal Place of Business 351 S HWY 17 92 DEBARY, FL 32713			Mailing Address 351 S HWY 17 92 DEBARY, FL 32713																																																																																																																																																																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																																											
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Country		4. FEI Number 59-6162543																																																																																																																																																																											
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																																											
6. Name and Address of Current Registered Agent BROWN, DAVID E 351 S HWY 17-92 DEBARY, FL 32713			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																																																										
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reissuing)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>																																																																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																																									
Make check payable to Florida Department of State																																																																																																																																																																													
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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.																																																																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 40%; text-align: center;"> DAVID E. BROWN, COMMANDER </div> <div style="width: 20%; text-align: right;"> 1/30/08 (386) 48-8646 <small>Date Daytime Phone #</small> </div> </div>																																																																																																																																																																													