## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 07, 2007 08:00 AM DOCUMENT # 721959 . 1. Entity Name **Secretary of State** SALT SPRINGS POST NO. 10208, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC. Principal Place of Business Mailing Address 23498 NE HWY 314 P.O. BOX 5009 SALT SPRINGS FL 32134 SALT SPRINGS FL 32134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Numboi Applied For 23-7146123 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRIM, FRED J. Street Address (P.O. Box Number is Not Acceptable) 1831 SE 4TH AVE OCALA FL 32670 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstaling) DATE **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 11111 COM ☐ Delete HILL ☐ Change NAME BEELER, JIM NAME U00000625204 STRUET ADDRESS 15135 N.E. 242 ND AVE. STREET ADDRESS 02/14/07-80066-006 61.25 CITY-ST-7IP SALT SPRINGS FL 32134 CITY-SI-71P TITLE SRVC Detete BILL ☐ Change Addition NAME. KING, GEORGE L. NAME STREET ADDRESS STREET ADDRESS 23620 NE 124TH ROAD CitY+SI-7IP SALT SPRINGS FL 32134 CHY-S1-76 11111 ☐ Delete ☐ Change Addition NAME NAME CRAWFORD, LOUIS W STREET ADDRESS STREET ADDRESS 1885 S.E. 173RD AVENUE CHY-SI-7H CHY-ST-7IP SILVER SPRINGS FL 34488 1077 ☐ Delete mat Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP BILE ☐ Delete DHE ☐ Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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 attachmorphyth an address, with all other like empowered.

CHY-ST-ZIP

STREEL ADORESS

CITY-ST-ZIP

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NAME

Delete

SIGNATURE: Jour W Orland D N

CITY-ST-7(P

STREET ADDRESS

CHY-ST-ZIP

TITLE

NAME

2-3-07

352-685-2707

Change

Addition