

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90030 003 ****61.25

DOCUMENT # 721959 1. Entity Name SALT SPRINGS POST NO. 10208, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 23498 NE HWY 314 SALT SPRINGS, FL 32134 US			Mailing Address P.O. BOX 5009 SALT SPRINGS, FL 32134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7146123	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KRIM, FRED J. 1831 SE 4TH AVE OCALA, FL 32670				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) DATE					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	COM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BEELER, JIM		NAME		
STREET ADDRESS	15135 N.E. 242 ND AVE.		STREET ADDRESS		
CITY-ST-ZIP	SALT SPRINGS, FL 32134		CITY-ST-ZIP		
TITLE	SRVC	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KING, GEORGE L.		NAME		
STREET ADDRESS	23620 NE 124TH ROAD		STREET ADDRESS		
CITY-ST-ZIP	SALT SPRINGS, FL 32134		CITY-ST-ZIP		
TITLE	QM	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	CRAWFORD, LOUIS W		NAME	JOHN L. VOGELPOHL	
STREET ADDRESS	1885 S.E. 173RD AVENUE		STREET ADDRESS	23604 NE 124TH PL	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488		CITY-ST-ZIP	SALT SPRINGS, FL 32134	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>John L. Vogelwohl</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			JOHN L. VOGELPOHL Date		
			7-21-2008 (352) 6859535 Daytime Phone #		