

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 28, 2008  
Secretary of State

DOCUMENT# 722485

**Entity Name:** MAURICE K. LANGBERG POST NO. 10066, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**Current Principal Place of Business:**

1805 N.E. SAVANNAH ROAD  
PO BOX 311  
JENSEN BEACH, FL 349580311

**New Principal Place of Business:**

1805 N.E. SAVANNAH ROAD  
JENSEN BEACH, FL 34957

**Current Mailing Address:**

1805 N.E. SAVANNAH ROAD  
PO BOX 311  
JENSEN BEACH, FL 349580311

**New Mailing Address:**

FEI Number: 59-1493093      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TILTON, C.N.  
113 N. INDIAN RIVER DRIVE  
JENSEN BEACH, FL 34957      US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD      ( ) Delete  
Name: PARKER, GAYLON  
Address: 1572 NE 22ND ST  
City-St-Zip: JENSEN BEACH, FL 34957

Title: SVD      ( ) Delete  
Name: RHODES, SAMUEL  
Address: 1867 NE RIDGE AVE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: JVD      ( ) Delete  
Name: ALLYN, DONALD  
Address: 1 CORPAIRE DR  
City-St-Zip: STUART, FL 34996

Title: TT      ( ) Delete  
Name: ANDERSEN, AAGE  
Address: 1375 NE DIXIE HWY # 14  
City-St-Zip: JENSEN BEACH, FL 34957

Title: JAD      ( ) Delete  
Name: ROSS, JOHN B  
Address: 4234 SW UTTERBACK ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: QMD      ( ) Delete  
Name: POND, ALFRED B  
Address: 817 ST. LUCIE CRESCENT  
City-St-Zip: STUART, FL 34994

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

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

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

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

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

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

Title: QMD      (X) Change ( ) Addition  
Name: ANSARA, NICHOLAS R  
Address: 1713 PRIMROSE CT  
City-St-Zip: PORT ST LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify 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: NICHOLAS R ANSARA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

QMD

02/28/2008

\_\_\_\_\_  
Date