

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 724502

1. Entity Name

SOUTH SEMINOLE COUNTY POST NO. 8207 VETERANS
OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business

1520 RONALD REAGAN BLVD
LONGWOOD FL 32750

Mailing Address

P.O. BOX 521284
LONGWOOD FL 32752-1284



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7194061

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

LEONARD, FRED R
416 EAST CHURCH AVENUE
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

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]

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LEONARD, FRED	
STREET ADDRESS	416 EAST CHURCH AVE	
CITY - ST - ZIP	LONGWOOD FL 32750	
TITLE	T	<input type="checkbox"/> Delete
NAME	CANARELLI, LOUIS	
STREET ADDRESS	610 CHELSEA RD	
CITY - ST - ZIP	LONGWOOD FL 32750	
TITLE	T	<input type="checkbox"/> Delete
NAME	LACORE, DEAN	
STREET ADDRESS	1038 CRYSTAL BOWL CIR	
CITY - ST - ZIP	CASSELBERRY FL 32707	
TITLE	QM	<input type="checkbox"/> Delete
NAME	HAYS, RALPH J	
STREET ADDRESS	285 ACORN DR	
CITY - ST - ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUCHANAN, EMMET	
STREET ADDRESS	285 ACORN DR	
CITY - ST - ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, JOHN	
STREET ADDRESS	871 SPANISH MOSS DR	
CITY - ST - ZIP	CASSELBERRY FL 32707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 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:

[Signature]

QM

4-24-06

407-339-6014