

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90012 043 ****61.25

DOCUMENT # 726980

1. Entity Name
**THOMAS F. WELCH POST 706, VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.**



Principal Place of Business
**5000 LILLIAN HWY
PENSACOLA, FL 32506**

Mailing Address
**PO BOX 3140
PENSACOLA, FL 32516**

40



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-0598443

Applied For

Not Applicable

Zip

Country

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

**PRITCHARD, JOHN E
5000 LILLIAN HWY
PENSACOLA, FL 32506**

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 **John E. Pritchard**

02/12/2008

Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 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

TITLE **CMDR** ☐ Delete
NAME **BASS, NATHANIEL**
STREET ADDRESS **5000 LILLIAN HWY**
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE **SRVI** ☐ Delete
NAME **CHAPMAN, WALLACE**
STREET ADDRESS **5000 LILLIAN HIGHWAY P.O. BOX 3140**
CITY-ST-ZIP **PENSACOLA, FL 32516**

TITLE **ADJ** ☐ Delete
NAME **PRITCHARD, JOHN E**
STREET ADDRESS **5000 LILLIAN HWY PO BOX 3140**
CITY-ST-ZIP **PENSACOLA, FL 32516**

TITLE **QM** ☐ Delete
NAME **PRITCHARD, JOHN E**
STREET ADDRESS **5000 LILLIAN HWY PO BOX 3140**
CITY-ST-ZIP **PENSACOLA, FL 32516**

TITLE **JRVI** ☐ Delete
NAME **HORNE, D C**
STREET ADDRESS **5000 LILLIAN HWY PO BOX 3140**
CITY-ST-ZIP **PENSACOLA, FL 32516**

TITLE **T** ☐ Delete
NAME **JERMYN, ELBERT E**
STREET ADDRESS **5000 LILLIAN HWY PO BOX 3140**
CITY-ST-ZIP **PENSACOLA, FL 32516**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Lewis, Gwendolyn**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Lewis, Gwendolyn**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Bergman, Oscar**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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: **Gwendolyn Lewis**

02/12/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #