

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90081 023 \*\*\*\*61.25

<b>DOCUMENT # 727082</b> 1. Entity Name <b>SEBASTIAN RIVER AREA POST NO. 10210 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.</b>																																																																																																																	
Principal Place of Business <b>815 LOUISIANA AVE. SEBASTIAN FL 32958</b>		Mailing Address <b>815 LOUISIANA AVE. SEBASTIAN FL 32958</b>																																																																																																															
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																																																																																																															
City & State		City & State																																																																																																															
Zip	Country	Zip	Country	4. FEI Number <b>23-7140679</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<div style="font-size: 24px; font-weight: bold;">66401994</div> <div style="font-weight: bold;">MOORE CR2E037 (11/03)</div>																																																																																																													
6. Name and Address of Current Registered Agent  <b>BRUSSELL, JAMES 815 LOUISIANA AVE SEBASTIAN FL 32958</b>																																																																																																																	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																	
State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____																																																																																																																	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																													
<b>Make Check Payable to Florida Department of State</b>																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">CD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BURGESS, DON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>815 LOUISIANA AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEBASTIAN FL 32958</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SVCD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MILLER, GARY P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>815 LOUISIANA AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEBASTIAN FL 32958</td> <td></td> </tr> <tr> <td>TITLE</td> <td>QMD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRUSSELL, JAMES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>815 LOUISIANA AV</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEBASTIAN FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>JVCD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAVIS, WARREN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>815 LOUISIANA AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEBASTIAN FL 32958</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">SMD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SEBASTIAN HANOLD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>815 LOUISIANA AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SEBASTIAN, FL 32958</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	CD	<input type="checkbox"/> Delete	NAME	BURGESS, DON		STREET ADDRESS	815 LOUISIANA AVE		CITY-ST-ZIP	SEBASTIAN FL 32958		TITLE	SVCD	<input checked="" type="checkbox"/> Delete	NAME	MILLER, GARY P		STREET ADDRESS	815 LOUISIANA AVE		CITY-ST-ZIP	SEBASTIAN FL 32958		TITLE	QMD	<input type="checkbox"/> Delete	NAME	BRUSSELL, JAMES		STREET ADDRESS	815 LOUISIANA AV		CITY-ST-ZIP	SEBASTIAN FL		TITLE	JVCD	<input type="checkbox"/> Delete	NAME	DAVIS, WARREN		STREET ADDRESS	815 LOUISIANA AVE		CITY-ST-ZIP	SEBASTIAN FL 32958		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	SMD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SEBASTIAN HANOLD		STREET ADDRESS	815 LOUISIANA AVE		CITY-ST-ZIP	SEBASTIAN, FL 32958		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.																																																																																																																	
<b>SIGNATURE:</b> <i>James A. Brussel</i> <b>JAMES BRUSSEL Q.M.</b> <i>2/6/04</i> <i>772-589-3405</i>																																																																																																																	