

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90073 031 ****61.25

DOCUMENT # 727082

1. Entity Name

SEBASTIAN RIVER AREA POST NO. 10210 VETERANS
OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business

815 LOUISIANA AVE.
SEBASTIAN FL 32958

Mailing Address

815 LOUISIANA AVE.
SEBASTIAN FL 32958

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

23-7140679

Applied For

Not Applicable

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

BRUSSELL, JAMES
815 LOUISIANA AVE
SEBASTIAN FL 32958

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
BURGESS, DON
815 LOUISIANA AVE
SEBASTIAN FL 32958 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVCD
JAMISON, HAROLD
815 LOUISIANA AVE
SEBASTIAN FL 32958 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
QMD
BRUSSELL, JAMES
815 LOUISIANA AV
SEBASTIAN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JVCD
DAVIS, WARREN
815 LOUISIANA AVE
SEBASTIAN FL 32958 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
JAMISON HAROLD
815 LOUISIANA AVE
SEBASTIAN, FL. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVCD
DAVIS WARREN
815 LOUISIANA AVE
SEBASTIAN FL. ☒ Change ☐ Addition

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

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

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

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

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.

SIGNATURE:

James G. Brussel James Brussel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-05 772-589-3405
Date Daytime Phone #