

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2007 8:00 am
Secretary of State

02-12-2007 90087 013 ****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 - No P.O. Box #		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 BRUSSELL, JAMES 815 LOUISIANA AVE SEBASTIAN FL 32958		7. Name and Address of New Registered Agent Name FRANK T NOEL Street Address (P.O. Box Number is Not Acceptable) 815 LOUISIANA AVE City SEBASTIAN FL Zip Code 32958																															
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 <u>Frank T Noel</u> Signature, typed or printed name of registered agent and title if applicable		DATE <u>2-2-07</u> (NOTE: Registered Agent signature required when registering)																															
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																															
<table border="1"> <tr> <td>TITLE</td> <td>CD</td> <td>NAME</td> <td>COMMANDER</td> <td>☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>815 LOUISIANA AVE</td> <td>STREET ADDRESS</td> <td>815 LOUISIANA AVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>SEBASTIAN FL 32958</td> <td>CITY- ST- ZIP</td> <td>SEBASTIAN FL 32958</td> <td></td> </tr> </table>	TITLE	CD	NAME	COMMANDER	☐ Delete	STREET ADDRESS	815 LOUISIANA AVE	STREET ADDRESS	815 LOUISIANA AVE		CITY- ST- ZIP	SEBASTIAN FL 32958	CITY- ST- ZIP	SEBASTIAN FL 32958		<table border="1"> <tr> <td>TITLE</td> <td>SVCD</td> <td>NAME</td> <td>JAMISON, HAROLD</td> <td>☒ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>815 LOUISIANA AVE</td> <td>STREET ADDRESS</td> <td>815 LOUISIANA AVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>SEBASTIAN FL 32958</td> <td>CITY- ST- ZIP</td> <td>SEBASTIAN FL 32958</td> <td></td> </tr> </table>			TITLE	SVCD	NAME	JAMISON, HAROLD	☒ Delete	STREET ADDRESS	815 LOUISIANA AVE	STREET ADDRESS	815 LOUISIANA AVE		CITY- ST- ZIP	SEBASTIAN FL 32958	CITY- ST- ZIP	SEBASTIAN FL 32958	
TITLE	CD	NAME	COMMANDER	☐ Delete																													
STREET ADDRESS	815 LOUISIANA AVE	STREET ADDRESS	815 LOUISIANA AVE																														
CITY- ST- ZIP	SEBASTIAN FL 32958	CITY- ST- ZIP	SEBASTIAN FL 32958																														
TITLE	SVCD	NAME	JAMISON, HAROLD	☒ Delete																													
STREET ADDRESS	815 LOUISIANA AVE	STREET ADDRESS	815 LOUISIANA AVE																														
CITY- ST- ZIP	SEBASTIAN FL 32958	CITY- ST- ZIP	SEBASTIAN FL 32958																														
<table border="1"> <tr> <td>TITLE</td> <td>QMD</td> <td>NAME</td> <td>BRUSSELL, JAMES</td> <td>☒ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>815 LOUISIANA AV</td> <td>STREET ADDRESS</td> <td>815 LOUISIANA AV</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>SEBASTIAN FL</td> <td>CITY- ST- ZIP</td> <td>SEBASTIAN FL</td> <td></td> </tr> </table>	TITLE	QMD	NAME	BRUSSELL, JAMES	☒ Delete	STREET ADDRESS	815 LOUISIANA AV	STREET ADDRESS	815 LOUISIANA AV		CITY- ST- ZIP	SEBASTIAN FL	CITY- ST- ZIP	SEBASTIAN FL		<table border="1"> <tr> <td>TITLE</td> <td>JVED</td> <td>NAME</td> <td>KENNY, ROY</td> <td>☒ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>815 LOUISIANA AVE</td> <td>STREET ADDRESS</td> <td>815 LOUISIANA AVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>SEBASTIAN FL 32958</td> <td>CITY- ST- ZIP</td> <td>SEBASTIAN FL 32958</td> <td></td> </tr> </table>			TITLE	JVED	NAME	KENNY, ROY	☒ Delete	STREET ADDRESS	815 LOUISIANA AVE	STREET ADDRESS	815 LOUISIANA AVE		CITY- ST- ZIP	SEBASTIAN FL 32958	CITY- ST- ZIP	SEBASTIAN FL 32958	
TITLE	QMD	NAME	BRUSSELL, JAMES	☒ Delete																													
STREET ADDRESS	815 LOUISIANA AV	STREET ADDRESS	815 LOUISIANA AV																														
CITY- ST- ZIP	SEBASTIAN FL	CITY- ST- ZIP	SEBASTIAN FL																														
TITLE	JVED	NAME	KENNY, ROY	☒ Delete																													
STREET ADDRESS	815 LOUISIANA AVE	STREET ADDRESS	815 LOUISIANA AVE																														
CITY- ST- ZIP	SEBASTIAN FL 32958	CITY- ST- ZIP	SEBASTIAN FL 32958																														
<table border="1"> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		NAME		☐ Delete	STREET ADDRESS		STREET ADDRESS			CITY- ST- ZIP		CITY- ST- ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		NAME		☐ Delete	STREET ADDRESS		STREET ADDRESS			CITY- ST- ZIP		CITY- ST- ZIP		
TITLE		NAME		☐ Delete																													
STREET ADDRESS		STREET ADDRESS																															
CITY- ST- ZIP		CITY- ST- ZIP																															
TITLE		NAME		☐ Delete																													
STREET ADDRESS		STREET ADDRESS																															
CITY- ST- ZIP		CITY- ST- ZIP																															
<table border="1"> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		NAME		☐ Delete	STREET ADDRESS		STREET ADDRESS			CITY- ST- ZIP		CITY- ST- ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		NAME		☐ Delete	STREET ADDRESS		STREET ADDRESS			CITY- ST- ZIP		CITY- ST- ZIP		
TITLE		NAME		☐ Delete																													
STREET ADDRESS		STREET ADDRESS																															
CITY- ST- ZIP		CITY- ST- ZIP																															
TITLE		NAME		☐ Delete																													
STREET ADDRESS		STREET ADDRESS																															
CITY- ST- ZIP		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: <u>Frank T Noel</u>		FRANK T NOEL 2-26-07 772 589 3405																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date																															