

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730129

FILED  
Apr 17, 2007  
Secretary of State

**Entity Name:** NORTH FORT MYERS POST NO. 10127 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**Current Principal Place of Business:**

996 PONDELLA ROAD  
NORTH FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

996 PONDELLA ROAD  
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

**FEI Number:** 23-7013119

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHAEFFER, WILLIAM R QTRMST  
996 PONDELLA RD  
FORT MYERS, FL 33903 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDC ( ) Delete  
Name: NAYLOR, CLIFORD  
Address: 996 PONDELLA ROAD  
City-St-Zip: N. FT. MYERS, FL 33903

Title: VD ( ) Delete  
Name: ANDERSON, CHRIS  
Address: 996 FONDELLA RD  
City-St-Zip: FORT MYERS, FL 33903

Title: VD ( ) Delete  
Name: NICKELSON, PETER  
Address: 996 PONDELLA RD  
City-St-Zip: FORT MYERS, FL 33903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM SCHAEFFER

QTRM

04/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date