## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Jul 21, 2008 8:00 am Secretary of State **DOCUMENT # 730325** 1. Entity Name 07-21-2008 90026 022 \*\*\*\*61.25 GREATER PINE ISLAND POST NO. 4353 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC. Principal Place of Business Mailing Address 8150 STRINGFELLOW BLVD.N.W. 8150 STRINGFELLOW BLVD.N.W. ROUTE 2 ROUTE 2 ST. JAMES CITY FL 33956 ST. JAMES CITY FL 33956 2. Principal Place of Business - No P.O. Box # 8/50 STRINGFELLOW 3. Mailing Address 5 AME Suite, Apt. #. etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/08) City & State Applied For City & State 4. FEI Number 23-7226549 TAMOS CITY Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VANBLERCH, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 2920 HARPOON LN SAINT JAMÉS CITY FL 33956 4 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 23 7-10-08 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By September 3, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 - 77 €ЮМ ☐ Delete ☐ Change ☐ Addition TITLE TITLE VANBLERCH, JOSEPH S NAME 3 NAME 2920 HARPOON LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT JAMES CITY FL 33956 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE GOY, RALPH L NAME NAME P.O. BOX 302 STREET AUDRESS STREET ADDRESS SAINT JAMES CITY FL 33956 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete - - Change - Addition THEF KRETZ, PHIL NAME NAME 7640 BACILLA LN STREET ADDRESS STREET ADDRESS BOKEELIA FL 33922 CITY-ST-ZIP CITY-ST-ZIP 9YT 2YT TITLE ☐ Delete Change ☐ Addition GOODE, JULIAN J NAME NAME 5968 TARPON RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BOKEELIA FL 33922** CITY-ST-ZIP Change Addition 34T ☐ Delete TITLE TITLE LAWRENCE CUHITLEY NAME NAME SISU STELNG FEW OW STREET ADDRESS STREET ADDRESS 57 7191155 OT 4, FL 33956 CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

Tosas S / En Ben SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

7-16-08

FILED