
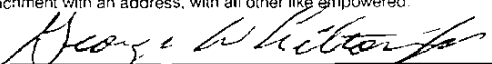


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90062 016 ****61.25

DOCUMENT # 737228					
1. Entity Name RUSKIN MEMORIAL POST NO. 6287 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 5120 HWY US 41 VFW POST 6287 RUSKIN, FL 33572-3500 US			Mailing Address 5120 HWY US 41 VFW POST 6287 RUSKIN, FL 33572-3500 US		
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		Country		Country	
01082008 Chg-NP				CR2E037 (12/06)	
4. FEI Number 59-1596663				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZIPPERER, ANTHONY K 1520 33RD ST SE RUSKIN, FL 33570			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	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHELLER, BRUCE		NAME		
STREET ADDRESS	1028 APOLLO BEACH BLVD		STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FULLER, AL		NAME	Gerald Yohman	
STREET ADDRESS	5120 US 41 N		STREET ADDRESS	5120 US Hwy 41 N	
CITY-ST-ZIP	RUSKIN, FL 335723500		CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILTON, GEORGE		NAME		
STREET ADDRESS	6229 FLORIDA CIR E		STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH, FL 33572		CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HURLEY, WILLIAM		NAME		
STREET ADDRESS	5120 US 41 N		STREET ADDRESS		
CITY-ST-ZIP	RUSKIN, FL 33572		CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHEEHY, THOMAS		NAME	John Steele	
STREET ADDRESS	5120 US 41 N		STREET ADDRESS	5120 US Hwy 41 N	
CITY-ST-ZIP	RUSKIN, FL 33572		CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CALVIN, WILLIAM		NAME	Anthony Zipperer	
STREET ADDRESS	5120 US 41 N		STREET ADDRESS	5120 US Hwy 41 N	
CITY-ST-ZIP	RUSKIN, FL 33572		CITY-ST-ZIP	APOLLO BEACH FL 33572	
12. 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.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____	
				Dialing Phone # _____	

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