

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

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90028 030 ****61.25

DOCUMENT # 739125

1. Entity Name

HILLIARD POST 10095 VETERANS OF FOREIGN WARS
OF THE UNITED STATES, INC.



Principal Place of Business

Mailing Address

37965 EASTWOOD ROAD
HILLIARD FL 32046
US

P.O. BOX 643
HILLIARD FL 32046
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

1st MOORE

CR2E037 (10/06)

4. FEI Number

23-7078833

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

OWENS, ALBERT
3036 CR 121
HILLIARD FL 32046

Name **COEN, JOHN**

Street Address (P.O. Box Number is Not Acceptable)

35570 GLORY ROAD

City **CALLAHAN**

FL

Zip Code

32011

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

Robert John Coen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-2007

**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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OWENS, ALBERT	
STREET ADDRESS	3036 CR 121	
CITY- ST- ZIP	HILLIARD FL 32046	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OWENS, ALBERT	
STREET ADDRESS	3036 CR 121	
CITY- ST- ZIP	HILLIARD FL 32046	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	O'QUINN, JOSEPH H	
STREET ADDRESS	PO BOX 331	
CITY- ST- ZIP	HILLIARD FL 32046	
TITLE	V	<input type="checkbox"/> Delete
NAME	COEN, JOHN	
STREET ADDRESS	35570 GLORY RD	
CITY- ST- ZIP	CALLAHAN FL 32011	
TITLE	O	<input type="checkbox"/> Delete
NAME	O'QUINN, JOSEPH H	
STREET ADDRESS	PO BOX 331	
CITY- ST- ZIP	HILLIARD FL 32046	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, GAIL	
STREET ADDRESS	37168 RUBY DRIVE	
CITY- ST- ZIP	HILLIARD, FL 32046	

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:

Joseph H. O'Quinn
JOSEPH H. O'QUINN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07

Date

904-845-7139

Daytime Phone #