

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

FILED
Feb 20, 2007 8:00 am
Secretary of State

01-25-2007 90049 023 ****61.25

DOCUMENT # 743139					
1. Entity Name SAFETY HARBOR POST NO. 10093, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 965 HARBOR LAKE COURT SAFETY HARBOR FL 34695 US			Mailing Address 965 HARBOR LAKE COURT SAFETY HARBOR FL 34695 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address Po Box 352		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Safety Harbor FL			4. FEI Number 23-7293362		
Zip 34695			Country PINELLAS		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			Applied For ☐ Not Applicable		
6. Name and Address of Current Registered Agent SPANISH, LARRY A 79 BAYWOODS DR. SAFETY HARBOR FL 34695			7. Name and Address of New Registered Agent 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 re-electing) DATE					
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		
TYPE NAME STREET ADDRESS CITY-STATE-ZIP	PD SPANISH, LARRY A CMR 79 BAYWOODS DR. SAFETY HARBOR FL 34695 ☐ Delete	TYPE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TYPE NAME STREET ADDRESS CITY-STATE-ZIP	D LEE, ROBERT E OM 3075 PIN OAK DR CLEARWATER FL 33759 ☒ Delete	TYPE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TYPE NAME STREET ADDRESS CITY-STATE-ZIP	D DAVIS, ROBERT H MEMBER 79 BAY WOODS RD SAFETY HARBOR FL 34695 ☒ Delete	TYPE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TYPE NAME STREET ADDRESS CITY-STATE-ZIP	SVP KOCH, ROBERT SRVCMR 913 KINGSCOTE CT SAFETY HARBOR FL 34695 ☐ Delete	TYPE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TYPE NAME STREET ADDRESS CITY-STATE-ZIP	D KNICKERBOCKER, GEORGE 132 7TH AVE S SAFETY HARBOR FL 34695 ☐ Delete	TYPE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
TYPE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TYPE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
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: X <u>Larry A. Spanish</u>		Date: 2/14/07		Daytime Phone #: 727-726-6436	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					