

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90043 017 ****70.00

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
**PO BOX 352
SAFETY HARBOR, FL 34695 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
23-7293362

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SPANISH, LARRY A
79 BAYWOODS DR.
SAFETY HARBOR, FL 34695**

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. ☐

**\$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 PD ☐ Delete
NAME SPANISH, LARRY A CMR
STREET ADDRESS 79 BAYWOODS DR.
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LEE, ROBERT E QM
STREET ADDRESS 3075 PIN OAK DR
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME DAVIS, ROBERT H MEMBER
STREET ADDRESS 79 BAY WOODS RD
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVP ☐ Delete
NAME KOCH, ROBERT SRVCMR
STREET ADDRESS 913 KINGSCOTE CT
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE ☒ Change ☐ Addition
NAME **KOCH, ROBERT**
STREET ADDRESS **2755 CURLEW RD LOT #204**
CITY-ST-ZIP **SAFETY HARBOR, FL 34684**

TITLE D ☐ Delete
NAME KNICKERBOCKER, GEORGE
STREET ADDRESS 132 7TH AVE S
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **DAVIS, LESTER**
STREET ADDRESS **1910 BAYSHORE CT.**
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

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 I am empowered.

SIGNATURE:

LARRY A. SPANISH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/08 727-729-6436
Date Daytime Phone #