

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743139

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** SAFETY HARBOR POST NO. 10093, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**Current Principal Place of Business:**

965 HARBOR LAKE COURT  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 352  
SAFETY HARBOR, FL 34695 US

**New Mailing Address:**

**FEI Number:** 23-7293362      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, ROBERT H  
1379 MISSION HILLS BLVD.  
CLEARWATER, FL 33759 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** BISHOP, PAUL H CMR  
**Address:** 345 4TH AVENUE NORTH  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**Title:** D  
**Name:** HANSON, CHRISTOPHER F VP  
**Address:** 25 IRWIN STREET WEST  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**Title:** D  
**Name:** SAMSEN, GEORGE R TRUSTEE  
**Address:** 3432 STATE ROAD 580 LOT 450  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**Title:** D  
**Name:** MENTZER, DAVID E  
**Address:** 2897 ST. JOHN DRIVE  
**City-St-Zip:** CLEARWATER, FL 33759

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL BISHOP

P

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date