

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743393

FILED  
Feb 19, 2012  
Secretary of State

**Entity Name:** WILLIAM A. GARVEY POST NO. 8203 OF NORTH PORT, FLORIDA, VETERANS OF FOREIGN  
WARS OF THE UNITED STATES, INC.

**Current Principal Place of Business:**

4860 TROTT CIRCLE  
NORTH PORT, FL 34287 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7154  
NORTH PORT, FL 34287 US

**New Mailing Address:**

**FEI Number:** 59-1918035      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LOVE, PATRICK J ASST QM  
2634 CRITTENDON ST  
NORTH PORT, FL 34286 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:** SVCD  
**Name:** TYNES, THOMAS L SVCMDR  
**Address:** 8247 CHESEBRO AVE  
**City-St-Zip:** NORTH PORT, FL 34287

**Title:** PC  
**Name:** CRUMP, RUSSELL E PCMDR  
**Address:** 6886 KENWOOD DR  
**City-St-Zip:** NORTH PORT, FL 33287

**Title:** JVC  
**Name:** VERRET, MICHAEL JRVCMDR  
**Address:** 7215 MERONI BLVD  
**City-St-Zip:** NORTH PORT, FL 34291

**Title:** QM  
**Name:** TOURTELOTTE, ALAN QM  
**Address:** 4808 LIBBY RD  
**City-St-Zip:** NORTH PORT, FL 34287

**Title:** ADJ  
**Name:** CHIMINIELLO, HANK  
**Address:** 3623 MONTCLAIR CIR  
**City-St-Zip:** NORTH PORT, FL 34287

**Title:** 1YT  
**Name:** TALLEY, JOHN C JR  
**Address:** 6066 BEEDLA ST  
**City-St-Zip:** NORTH PORT, FL 34286

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: RUSSELL E. CRUMP

PC

02/19/2012

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

\_\_\_\_\_  
Date