2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90524 036 ****61.25

DOCUMENT # 747309

1. Entity Name

VETERANS OF FOREIGN WARS OF THE UNITED STATES IN C. SHADY HILLS POST NO. 8681

11018165

Principal Place of Business	Mailing Address
18940 DRAYTON ST SHADY HILLS FL 34610 US	18940 DRAYTON ST SHADY HILLS FL 34610 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1866531 ☐ 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
BLAKE, DONALD C 5036 CALDWELL ST SPRING HILL FL 34606	Name JAMES NOTO Street Address (P.O. Box Number is Not Acceptable) 17951 NELSON RD City SPRING HILL FL Zip Code 34610

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 James P Noto
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLAKE, DONALD L 5036 CALDWELL ST SPRING HILL FL 34606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAMES NOTO 17951 NELSON RD SPRING HILL FL. 34610	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PLATT, GEORGE J. 14541 TODO TRAIL SPRING HILL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, GARY 14921 CAPRI LANE HUDSON FL 34687	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WILLIAM WEBSTER 14717 LINDEN DR. SPRING HILL FL. 34606	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HENDERSON, RALPH 8042 TIMBERLAKE AVE SPRING HILL FL 34606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHN FOGARTY 18940 DRAYTON ST SPRING HILL FL. 34610	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~ET~~ DEE, JAMES 2012 WHITEWOOD SPRING HILL FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVC RICHEY, KENNETH 16215 MONTE VERDE DR SPRING HILL FL 34608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED SAMUEL CIAGALA 4-24-03 727 856 1860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #