



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90093 009 ****61.25

DOCUMENT # 748466 1. Entity Name DEPARTMENT OF FLORIDA, V.F.W. CONVENTION CORPORATION, INC.					
Principal Place of Business 2945 NE 3RD ST., SUITE 203-204 OCALA, FL 34470 US				Mailing Address 2945 NE 3RD ST SUITE 203-204 OCALA, FL 34470 US	
2. Principal Place of Business - No P.O. Box # 543 NE SANCHEZ AVE		3. Mailing Address 543 NE SANCHEZ AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02272007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-0494095	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BACHAND, W. BENNY 2945 NE 3RD ST SUITE 203-204 OCALA, FL 34470				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 543 NE SANCHEZ AVE. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	STD BACHAND, W. BENNY 2945 NE 3RD ST., SUITE 203-204 OCALA, FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	543 NE SANCHEZ AVE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEPHERD, ROBERT <i>DAVE HARRIS, DAVE</i> 2945 NE 3RD ST., SUITE 203-204 OCALA, FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	543 NE SANCHEZ AVE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JAMES L 2945 NE 3RD ST., SUITE 203-204 OCALA, FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	543 NE SANCHEZ AVE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDERMOTT, JOHN T 2945 NE 3RD ST., SUITE 203-204 OCALA, FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	543 NE SANCHEZ AVE.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOVER, LARRY R 2945 NE 3RD ST., SUITE 203-204 OCALA, FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	543 NE SANCHEZ AVE.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOVER, LARRY R 2945 NE 3RD ST., SUITE 203-204 OCALA, FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	543 NE SANCHEZ AVE.	
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 like empowerments.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3-15-07 352-622-5126		