

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90038 001 \*\*\*\*61.25

**DOCUMENT # 749266**

1. Entity Name

FLAGLER COUNTY POST NO. 5213, VETERANS OF  
FOREIGN WARS OF THE UNITED STATES



Principal Place of Business

PO BOX 2075  
BUNNELL FL 32110

Mailing Address

PO BOX 2075  
BUNNELL FL 32110



1st MOORE CR2E037 (10/07)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6162521

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

WRIGHT, ROBERT HOWARD, M.D.

14 ZODIAC PLACE

~~BUNNELL FL 32110~~

PALM COAST, FL

32164-5873

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 reappointing)

DATE

**FILE NOW: 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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
C  
WRIGHT, DEIDRE J  
P.O. BOX 350597  
PALM COAST FL 32135-0597 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
V  
SHEEHAN, JAMES  
P.O. BOX 1642  
FLAGLER BEACH FL 32136-1642 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TD  
WRIGHT, ROBERT HOWARD  
14 ZODIAC PLACE  
PALM COAST FL 32164-5873 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
SD  
SHEEHAN, JAMES F  
1802 N. CENTRAL AVE.  
FLAGLER BCH. FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
T  
WRIGHT, JAMES H.  
112 BREN MAR LANE  
PALM COAST FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
WRIGHT, DEIDRE J.  
8 ZODIAC PLACE  
PALM COAST FL  
32164-5873 ☒ Change ☐ Addition

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

TITLE  
NAME  
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CITY- ST- ZIP  
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☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered.

SIGNATURE: *Robert Howard Wright, M.D.* ROBERT HOWARD WRIGHT, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Page One of One



Department of the Treasury  
Internal Revenue Service

COPY FOR INSPECTOR

ATLANTA, GA 39901

**ATTACHMENT**

In reply refer to: 0716502979  
Aug. 30, 1995 LTR 139C  
23-7200605 9506 67 000

01343

# 40016759

VETERANS OF FOREIGN WARS DEPT OF 749266  
BUNNELL POST 5213  
BOX 2075  
BUNNELL FL 32110-2075757

Employer Identification Number: 23-7200605

Dear Taxpayer:

We are sorry, but we assigned you more than one employer identification number. The number shown above is your correct one. Do not use the number 59-6162521; it is incorrect.

We will transfer any payments or returns to your account under the correct employer identification number.

If you have any questions about this letter, please write us at the address shown. If you prefer, you may call the IRS telephone number listed in your local directory. An employee there may be able to help you, but the office at the address shown on this letter is most familiar with your case.

When you write, please include your telephone number, the hours you can be reached, and this letter. You may also want to keep a copy for your records.

Your telephone number \_\_\_\_\_ Hours \_\_\_\_\_

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

*Katy J. Brown*

Katy J. Brown  
Chief, Accounting Branch

Enclosure(s):  
Copy of this letter