

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90027 012 \*\*\*\*61.25

<b>DOCUMENT # 757845</b> 1. Entity Name <b>MANATEE COUNTY POST NO. 2488, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.</b>					
Principal Place of Business <b>810-6TH STREET WEST PALMETTO, FL 34221 US</b>			Mailing Address <b>810-6TH STREET WEST PALMETTO, FL 34221 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>LLERENA, DAVID</b> <b>9304 US 41 N.</b> <b>PALMETTO, FL 34221</b>				<b>7. Name and Address of New Registered Agent</b>  Name <b>CARL PATTON</b> Street Address (P.O. Box Number is Not Acceptable) <b>811 35<sup>TH</sup> AV. DR. W.</b> <b>PALMETTO 811 35<sup>TH</sup> AV. DR. W.</b> City <b>PALMETTO</b> FL Zip Code <b>34221</b>	
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: <u>Carl Patton</u> <b>CARL PATTON COMMANDER 3/14/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>LLERENA, DAVID</b> <b>9304 US 41 N.</b> <b>PALMETTO, FL 34221</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COMMANDER</b> <b>CARL PATTON</b> <b>811 35<sup>TH</sup> AV. DR. W.</b> <b>PALMETTO FL. 34221</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>QM</b> <b>GALLAGHER, GERALD</b> <b>512 LAKE SIDE DR</b> <b>BRADENTON, FL 34210</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>POYNTER, WILLIAM</b> <b>810 77TH ST E.</b> <b>PALMETTO, FL 34221</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MILLER, ROBERT</b> <b>6696 LAKE VIEW CIR</b> <b>CANAL WINCHESTER, OH 43110</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RIGSBY, EDDIE</b> <b>5435 3RD ST E</b> <b>BRADENTON, FL 34203</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowered.					
<b>SIGNATURE: Carl Patton</b> <b>CARL PATTON</b> <b>3/14/08</b> <b>941-722-9588</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40047439



03132008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-6162484**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**