

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90043 046 \*\*\*\*61.25

**DOCUMENT # 762477**

1. Entity Name

**PEACE RIVER POST NO. 2824 VETERANS OF FOREIGN  
WARS OF THE UNITED STATES, INC.**



Principal Place of Business

**930 E CYPRESS ST  
ARCADIA FL 34266**

Mailing Address

**PO BOX 207  
ARCADIA FL 34265  
US**

**40010303**



1st MOORE CR2E037 (10/04)

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

**59-1933865**

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

**SPERRY, ELIOT W  
2692 N.E. NWY. 70, LOT 695  
ARCADIA FL 34266**

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

*Eliot W. Sperry*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

*Jan 28, 2005*

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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	SVCD	<input type="checkbox"/> Delete
NAME	CORNELL, ALVIN	
STREET ADDRESS	2265 S.E. AIRPORT ESTATES	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KOCHER, RONALD F.	
STREET ADDRESS	1501 SE PLUM DRIVE	
CITY-ST-ZIP	ARCADIA FL	
TITLE	JVCD	<input checked="" type="checkbox"/> Delete
NAME	LOWRENCE, TED	
STREET ADDRESS	1802 NE MIKE ST	
CITY-ST-ZIP	ARCADIA FL 34266	<b>DECEASED</b>
TITLE	T	<input type="checkbox"/> Delete
NAME	WIGHT, GEORGE B	
STREET ADDRESS	P O BOX 295 WELLES PARK N/A	
CITY-ST-ZIP	FT OGDEN FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LINTON, CECIL	
STREET ADDRESS	2552 NE TURNER LOT 63	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	T	<input type="checkbox"/> Delete
NAME	OBERLEY, RUSSELL C	
STREET ADDRESS	5177 NE SANDY RD	
CITY-ST-ZIP	ARCADIA FL 34266	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Eliot W. Sperry* **ELIOT W. SPERRY** 1-28-05 863-494-0544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #