

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90026 048 ****70.00

DOCUMENT # 763315

1. Entity Name

**LABELLE POST 10100 VETERANS OF FOREIGN WARS
OF THE UNITED STATES, INC.**



Principal Place of Business

**20 VETERANS WAY
LA BELLE FL 33935
US**

Mailing Address

**P.O. BOX 1751
LABELLE FL 33975
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

23-7327005

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

**MUNDAY, DAVID
900 W HICKPOCHEE AVE.
LOT A-39
LABELLE FL 33935**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 **C** ☒ Delete
NAME **DOERR, DAVID**
STREET ADDRESS **PO BOX 2217**
CITY-ST-ZIP **LABELLE FL 33975**

TITLE **VD** ☒ Delete
NAME **MIDDLETON, ROBERT P**
STREET ADDRESS **485 CASE RD**
CITY-ST-ZIP **LABELLE FL**

TITLE **TSD** ☐ Delete
NAME **MUNDAY, DAVID**
STREET ADDRESS **900 W HICKPOOHEE AVE LOT A-39**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **DT** ☐ Delete
NAME **MUNDAY, DAVID**
STREET ADDRESS **900 W HICKPOOHEE AVE LOT A-39**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **TD** ☒ Delete
NAME **DEPUE, GARY**
STREET ADDRESS **4019 W PALOMAR CIRCLE**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **TD** ☐ Delete
NAME **HANSEN, JAMES M**
STREET ADDRESS **485 CASE RD.**
CITY-ST-ZIP **LABELLE FL 33935**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☒ Change ☐ Addition
NAME **MIDDLETON, ROBERT P.**
STREET ADDRESS **P.O. Box 2069**
CITY-ST-ZIP **LABELLE, FL 33975**

TITLE **VD** ☒ Change ☐ Addition
NAME **DEPUE, GARY**
STREET ADDRESS **4019 W PALOMAR CIRCLE**
CITY-ST-ZIP **LABELLE, FL 33935**

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

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

TITLE **TD** ☒ Change ☐ Addition
NAME **SEAY, BOBBY W.**
STREET ADDRESS **397 MAHOGANY CT**
CITY-ST-ZIP **LABELLE, FL 33935**

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

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: **DAVID MUNDAY**
Postmaster: Not to be used for postage

27 Jan 2006 1-863-675-8109