2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State
05-15-2007 90006 021 ****70.00

DOCUMENT # 763315

1. Entity Name
LABELLE POST 10100 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

40113780

Principal Place of Business	Mailing Address
20 VETERANS WAY LA BELLE, FL 33935 US	P.O. BOX 1751 LABELLE, FL 33975 US

02282007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2593942 ☐ 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: MARK C. SCHOENWALD Street Address (P.O. Box Number is Not Acceptable): 1355 N RIVER RD (P.O. BOX 27) City: LABELLE FL Zip Code: 33935

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MIDDLETON, ROBERT P P.O. BOX 2069 LABELLE, FL 33975	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition GARY DEPUE 4019 W. PALOMAR CIRCLE LABELLE, FL 33935
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEPUE, GARY 4019 BATON NE CIR LABELLE, FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Robert Middleton PO Box 2069 LABELLE FL 33975
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD MUNDAY, DAVID 900 W HISKPOOHEE AVE LOT A-39 LABELLE, FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition MARK Schoenwald P.O. BOX 27 LABELLE, FL 33975
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MUNDAY, DAVID 900 W HICKPOOHEE AVE LOT A-39 LABELLE, FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Mark Schoenwald P.O. BOX 27 LABELLE, FL 33975
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SEAY, BOBBY W 397 MAHOGANY CT LABELLE, FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HANSEN, JAMES M 485 CASE RD. LABELLE, FL 33935	☐ Delete	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 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.

SIGNATURE: X Mark C Schoenwald 4-6-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #