

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90004 004 ****70.00

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1. Entity Name
BUCK CRAWFORD POST NO. 10082, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business
**RT. 4, BOX 2490
 LAKE BUTLER, FL 32054**

Mailing Address
**RT. 4, BOX 2490
 LAKE BUTLER, FL 32054**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

06072006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-1901860

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

**JENKINS, SAMUEL L
 RR 3 BOX 21A
 LAKE BUTLER, FL 32054**

7. Name and Address of New Registered Agent

Name **HENRY KORRECTA**

Street Address (P.O. Box Number is Not Acceptable)
8110 SW 109TH ST. Rd.

City **OCALA** FL Zip Code **34481**

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 *Henry Korrecta* **HENRY KORRECTA QUARTERMASTER 06/07/2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by September 6, 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	D	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, SAMUEL L	
STREET ADDRESS	RT. 3 BOX 21A	
CITY-ST-ZIP	LAKE BUTLER, FL 32054	
TITLE	V	<input type="checkbox"/> Delete
NAME	PITTMAN, HAROLD	
STREET ADDRESS	511 SW 14TH STREET	
CITY-ST-ZIP	LAKE BUTLER, FL 32054	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	GREEN, GEORGE W	
STREET ADDRESS	RR3 BOX 18	
CITY-ST-ZIP	LAKE BUTLER, FL 32054	
TITLE	TR	<input type="checkbox"/> Delete
NAME	GOUBATZ, ROBERT	
STREET ADDRESS	RR5 BOX 4030	
CITY-ST-ZIP	LAKE BUTLER, FL 32054	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MANN, LOUS W	
STREET ADDRESS	RT. 4 BOX 2902	
CITY-ST-ZIP	LAKE BUTLER, FL 32054	
TITLE	V	<input type="checkbox"/> Delete
NAME	JENKINS, SAMUEL L	
STREET ADDRESS	RT.3 BOX 21 A	
CITY-ST-ZIP	LAKE BUTLER, FL 32054	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY KORRECTA	
STREET ADDRESS	8110 SW 109TH ST. RD.	
CITY-ST-ZIP	OCALA, FL. 34481	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN A. CREWS	
STREET ADDRESS	4170 SW 99TH AVE.	
CITY-ST-ZIP	LAKE BUTLER, FL. 32054	
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CECIL CLEMONS	
STREET ADDRESS	7321 SW 143RD RD.	
CITY-ST-ZIP	LAKE BUTLER, FL 32054	
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 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: *Henry Korrecta* **HENRY KORRECTA 06/07/2006 (352) 854-1987**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #