

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 763988					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1901860	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Applied For Not Applicable	
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 <u>HENRY KORRECTA</u> Street Address (P.O. Box Number is Not Acceptable) <u>8110 SW 109TH ST. Rd.</u> City <u>OCALA</u> FL Zip Code <u>34481</u>		
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>Henry Korrecta</u> <u>HENRY KORRECTA QUARTERMASTER</u> <u>06/07/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D NAME JENKINS, SAMUEL L STREET ADDRESS RT. 3 BOX 21A CITY-ST-ZIP LAKE BUTLER, FL 32054	<input checked="" type="checkbox"/> Delete				
TITLE V NAME PITTMAN, HAROLD STREET ADDRESS 511 SW 14TH STREET CITY-ST-ZIP LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete				
TITLE TR NAME GREEN, GEORGE W STREET ADDRESS RR3 BOX 18 CITY-ST-ZIP LAKE BUTLER, FL 32054	<input checked="" type="checkbox"/> Delete				
TITLE TR NAME GOUBATZ, ROBERT STREET ADDRESS RR5 BOX 4030 CITY-ST-ZIP LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete				
TITLE ST NAME MANN, LOUS W STREET ADDRESS RT. 4 BOX 2902 CITY-ST-ZIP LAKE BUTLER, FL 32054	<input checked="" type="checkbox"/> Delete				
TITLE V NAME JENKINS, SAMUEL L STREET ADDRESS RT.3 BOX 21 A CITY-ST-ZIP LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete				
TITLE D/T NAME HENRY KORRECTA STREET ADDRESS 8110 SW 109TH ST. RD. CITY-ST-ZIP OCALA, FL. 34481	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE P NAME JOHN A. CREWS STREET ADDRESS 4170 SW 99TH AVE. CITY-ST-ZIP LAKE BUTLER, FL. 32054	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE V/T NAME CECIL CLEMONS STREET ADDRESS 7321 SW 143RD RD. CITY-ST-ZIP LAKE BUTLER, FL 32054	<input checked="" type="checkbox"/> Change <input checked="" 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.					
SIGNATURE: <u>Henry Korrecta</u> <u>HENRY KORRECTA</u> <u>06/07/2006</u> <u>(352) 854-1987</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					