

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763988

FILED
Jan 06, 2007
Secretary of State

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

Current Principal Place of Business:

RT. 4, BOX 2490
LAKE BUTLER, FL 32054

New Principal Place of Business:

16483 SW 83RD TER.
LAKE BUTLER, FL 32054

Current Mailing Address:

RT. 4, BOX 2490
LAKE BUTLER, FL 32054

New Mailing Address:

16483 SW 83RD TER.
LAKE BUTLER, FL 32054

FEI Number: 59-1901860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORRECTA, HENRY
8110 SW 109TH ST RD
OCALA, FL 34481 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: KORRECTA, HENRY
Address: 8110 SW 109TH ST RD
City-St-Zip: OCALA, FL 34481

Title: V () Delete
Name: PITTMAN, HAROLD
Address: 511 SW 14TH STREET
City-St-Zip: LAKE BUTLER, FL 32054

Title: P () Delete
Name: CREWS, JOHN A
Address: 4170 SW 99TH AVE
City-St-Zip: LAKE BUTLER, FL 32054

Title: VT () Delete
Name: GOUBATZ, ROBERT
Address: RR5 BOX 4030
City-St-Zip: LAKE BUTLER, FL 32054

Title: VT () Delete
Name: CLEMONS, CECIL
Address: 7321 SW 143RD RD
City-St-Zip: LAKE BUTLER, FL 32054

Title: V () Delete
Name: JENKINS, SAMUEL L
Address: RT.3 BOX 21 A
City-St-Zip: LAKE BULTER, FL 32054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY KORRECTA

DT

01/06/2007

Electronic Signature of Signing Officer or Director

Date