


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 763988</b> 1. Entity Name BUCK CRAWFORD POST NO. 10082, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.	
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Principal Place of Business 16483 SW 83RD TER. LAKE BUTLER, FL 32054	Mailing Address 16483 SW 83RD TER. LAKE BUTLER, FL 32054
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**DO NOT WRITE IN THIS SPACE**



02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1901860	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KORRECTA, HENRY 8110 SW 109TH ST RD OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PITTMAN, HAROLD 511 SW 14TH STREET LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CREWS, JOHN A 4170 SW 99TH AVE LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GOUBATZ, ROBERT RR5 BOX 4030 LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CLEMONS, CECIL 7321 SW 143RD RD LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JENKINS, SAMUEL L RT.3 BOX 21 A LAKE BUTLER, FL 32054

000000819959  
02/18/08-80009-012 70.00

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IN THIS SPACE**

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 02/06/08 352 854 1987  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #