2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 766939

1. Entity Name
LEON COUNTY VETERANS OF FOREIGN WARS OF THE UNITED STATES POST 3308 INC.

Principal Place of Business	Mailing Address
2765 1/2 W. TENN. ST. TALLAHASSEE, FL 32304	PO BOX 3902 TALLAHASSEE, FL 32315

02092006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-6136286
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UTTER, TERRY K
2945 ECHO POINT LANE
TALLAHASSEE, FL 32310

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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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	ALVAREZ, MARK
STREET ADDRESS	1149 CORBY CT. EAST
CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	CA
NAME	UTTER, TERRY K
STREET ADDRESS	2945 ECHO POINT LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	HCC
NAME	ROY, LEON IV
STREET ADDRESS	3925 HENIARD DR
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/16/06 00033-005 61.25

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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: [signature] TERRY K UTTER 3/2/6 575 330P (APPROX 4PM)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #