

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 768752

1. Entity Name

**NEWNANSVILLE POST NUMBER 9229 VETERANS OF
FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business

P.O. BOX 310
MAIN STREET
ALACHUA FL 32615

Mailing Address

P.O. BOX 310
MAIN STREET
ALACHUA FL 32615



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1905615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOGUE, DENNIS R.
669 S.W. BLUFF DR
FORT WHITE FL 32038**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is required when registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TC
ALLIGOOD, BRUCE H
16702 WEST CO RD
ALACHUA FL 32615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
000000824775
02/20/08-80092-010 61.25

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
ROSE, BOBBY D.
130 S.E. 5TH AVENUE
ALACHUA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TD
HOGUE, DENNIS R.
669 S.W. BLUFF DR
FORT WHITE FL 32038 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

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STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Dennis R. Hogue