

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90211 001 \*\*\*\*70.00

**DOCUMENT # N00000005928**

1. Entity Name  
**DISTRICT 21 VETERANS OF FOREIGN WARS OF THE  
UNITED STATES, INC.**



Principal Place of Business  
**7314 LINCOLN PARK LANE  
PORT RICHEY, FL 34668 US**

Mailing Address  
**7314 LINCOLN PARK LANE  
PORT RICHEY, FL 34668 US**

**60001300**



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

01082007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-3737498**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VALENJEVICK, EDWARD S  
7314 LINCOLN PARK LANE  
PORT RICHEY, FL 34668**

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

TITLE **P** ☐ Delete  
NAME **VALENJEVICK, EDWARD S**  
STREET ADDRESS **7314 LINCOLN PARK LANE**  
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **D** ☒ Delete  
NAME **RIGGS, WILLIAM**  
STREET ADDRESS **5132 BOTANY DR**  
CITY-ST-ZIP **HOLIDAY, FL 34690**

TITLE **T** ☐ Delete  
NAME **FOGARTY, JOHN F**  
STREET ADDRESS **12026 TOURNAMENT VIEW AVENUE**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **VS** ☒ Delete  
NAME **PAXTON, CHARLES**  
STREET ADDRESS **1384 PIMBERTON DR**  
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **D** ☐ Delete  
NAME **CIAGALA, ISADOR**  
STREET ADDRESS **18724 FLORALTON DR.**  
CITY-ST-ZIP **SPRING HILL, FL 34610**

TITLE **D** ☒ Delete  
NAME **TAMBURRO, LOUIS**  
STREET ADDRESS **1408 ARROWHEAD CIR**  
CITY-ST-ZIP **CLEARWATER, FL 33759**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Alan Roman**  
STREET ADDRESS **1562 Jeffords St.**  
CITY-ST-ZIP **Clearwater FL 33756**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Claude Gregoire**  
STREET ADDRESS **7084 Centerwood Ave.**  
CITY-ST-ZIP **Spring Hill FL 34606**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Chris Lipscomb**  
STREET ADDRESS **1772 Groverleaf Ave.**  
CITY-ST-ZIP **Palm Harbor FL 34683**

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:**

*Edward S. Valenjevis*

**Edward S. Valenjevis 1-12-07 727-845-4583**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #