

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90015 031 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 1562 JEFFORDS ST		3. Mailing Address 1562 JEFFORDS ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CLEARWATER, FLORIDA		City & State CLEARWATER, FL			
Zip 33756 Country USA		Zip 33756 Country USA		02042008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3737498				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 ALAN A. ROMAN Street Address (P.O. Box Number is Not Acceptable) 1562 JEFFORDS ST. City CLEARWATER FL Zip Code 33756		
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: <u>Alan A. Roman</u> ALAN A. ROMAN 2-4-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
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	P VALENJEVICK, EDWARD S 7314 LINCOLN PARK LANE PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMAN, ALAN 1562 JEFFORDS ST CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMAN, ALAN 1562 JEFFORDS STREET CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORIE, CLAUDE 7084 CENTERWOOD AVE SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOGARTY, JOHN F 12026 TOURNAMENT VIEW AVENUE NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPANISH, LARRY 79 BAY WOODS DR. SAFETY HARBOR, FL 34695	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGOIRE, CLAUDE 7084 CENTERWOOD AVE SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENLEE, KENNETH 1195 CLAYMORE SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIAGALA, ISADOR 18724 FLORALTON DR. SPRING HILL, FL 34610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPSCOMB, CHRIS 1772 GROVERLEAF AVE PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete
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: <u>Alan A. Roman</u> ALAN A. ROMAN 2-4-08 727-467-0050 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					