

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90003 023 ****70.00

DOCUMENT # N00157

1. Entity Name

SUNSHINE CITY POST NO. 6827 VETERANS OF
FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business

4145 34TH STREET NORTH
ST. PETERSBURG FL 33714

Mailing Address

4145 34TH STREET NORTH
ST. PETERSBURG FL 33714



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-0735962

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STALY, JOHN W
4819 QUEENSBORO AVE SOUTH
ST PETERSBURG FL 33711

7. Name and Address of New Registered Agent

Name **Donald R. SAROKA**
Street Address (P.O. Box Number is Not Acceptable)
3143 46TH STREET NORTH
City **St. Petersburg** FL **33713**

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

Donald R. Saroka, Quartermaster

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 **CD** ☒ Delete
NAME **KNOWLES, MILES V**
STREET ADDRESS **619 KIRKWOOD TER NO**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701-1615**

TITLE **D** ☒ Delete
NAME **BURGESS, WILLIAM C**
STREET ADDRESS **2795 37TH AVE NO**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713-1723**

TITLE **DT** ☒ Delete
NAME **STALY, JOHN W**
STREET ADDRESS **4819 QUEENSBORO AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Commander** ☒ Change ☐ Addition
NAME **EUGENE R. MAUFREY**
STREET ADDRESS **151 57TH ST. N**
CITY-ST-ZIP **St. Petersburg, FL**

TITLE **SK Vice Commander** ☒ Change ☐ Addition
NAME **William Zimmerman**
STREET ADDRESS **3781 51th St. N**
CITY-ST-ZIP **St. Petersburg, FL 33710**

TITLE **Quartermaster** ☒ Change ☐ Addition
NAME **DONALD R. SAROKA**
STREET ADDRESS **3143 46th St. N**
CITY-ST-ZIP **St. Petersburg, FL 33713**

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

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

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

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:

Donald R. Saroka

Donald R. SAROKA

7/6/06 7278049742