

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000000534



Entity Name
**SUN CITY CENTER POST NO 1288, VETERANS OF
FOREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business

VFW POST 1288,
P.O. BOX 5208
SUN CITY CENTER, FL 33571-5208

Mailing Address

VFW POST 1288,
P.O. BOX 5208
SUN CITY CENTER, FL 33571-5208



01112008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

91-1911629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P JR
315 S HYDE PARK AVENUE
TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000789860
01/23/08-80011-009 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPD
BROWNING, KEN
PO BOX 5208
SUN CITY CENTER, FL 33573

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MCQUARY, BOB
2023 EL RANCHO DR.
SUN CITY CENTER, FL 33573

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BOSKO, ANDREW
1903 EL RANCHO DR
SUN CITY CENTER, FL 33573

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CLARK, JAMES
2406 NANTUCKET DRIVE
SUN CITY CENTER, FL 33573

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: James E. Clark JAMES E. CLARK T
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-08 8136349851
Date Daytime Phone #