


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90103 028 ****61.25

DOCUMENT # N03334					
1. Entity Name GREEN COVE SPRINGS POST NO. 1988 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 421 S ORANGE AVE P.O. BOX 883 GREEN COVE SPRINGS, FL 32043 US			Mailing Address 421 S ORANGE AVE P.O. BOX 883 GREEN COVE SPRINGS, FL 32043		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01042008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6162480	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MANNING, ROGER 421 S ORANGE AVE GREEN COVE SPRINGS, FL 32043			Name <u>FOWDEN, Clayton T</u> Street Address (P.O. Box Number is Not Acceptable) <u>421 S ORANGE AVE</u> City <u>GREEN COVE SPRINGS FL</u> Zip Code <u>32043</u>		
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>Clayton T. Fowden</u>		Signature, typed or printed name of registered agent and title if applicable.		Clayton T. FOWDEN QUARTERMASTER 1-10-08 (NOTE: Registered Agent signature required when reinstating) DATE	
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	PD	<input checked="" type="checkbox"/> Delete	TITLE	COMMANDER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, LARRY		NAME	JIM GUEST	
STREET ADDRESS	421 S. ORANGE AVE.		STREET ADDRESS	421 S ORANGE AVE	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SR Vice COMMANDER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARROYO, VICTOR		NAME	MANUEL NAVARRO	
STREET ADDRESS	421 S. ORANGE AVE.		STREET ADDRESS	421 S ORANGE AVE	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	DSV	<input checked="" type="checkbox"/> Delete	TITLE	JR Vice COMMANDER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, MIKE		NAME	RON MINTON	
STREET ADDRESS	421 S. ORANGE AVE		STREET ADDRESS	421 S ORANGE AVE	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL		CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Clayton T. Fowden</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Clayton T. FOWDEN 1/10/08 904-284-0775	
				Date Daytime Phone #	