


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90043 033 \*\*\*\*61.25

<b>DOCUMENT # N04000002537</b>		
1. Entity Name <b>USS JAMES K. POLK VETERANS ASSOCIATION INC.</b>		

Principal Place of Business <b>2910 KERRY FOREST PKWY SUITE 04-360 TALLAHASSEE, FL 32309</b>	Mailing Address <b>2910 KERRY FOREST PKWY SUITE 04-360 TALLAHASSEE, FL 32309</b>
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**40006117**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01182005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>20-0917679</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HOMME, ROBERT JAMES 2910 KERRY FOREST PKWY SUITE 04-360 TALLAHASSEE, FL 32309</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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, 2005**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOMME, ROBERT JAMES</b>		NAME	<b>Ron Antsey</b>	
STREET ADDRESS	<b>3066 FERNANAGH DRIVE</b>		STREET ADDRESS	<b>14833 SW 132 Ave.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308</b>		CITY-ST-ZIP	<b>Miami, FL 33186</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LIEBERMAN, HAROLD N</b>		NAME	<b>Ken Kettering</b>	
STREET ADDRESS	<b>18 APRICOT COURT</b>		STREET ADDRESS	<b>426 SE Walters Terrace</b>	
CITY-ST-ZIP	<b>GAITHERSBURG, MD 20878</b>		CITY-ST-ZIP	<b>Port St. Lucie, FL 34983</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAME, MICHAEL</b>		NAME	<b>Charles Kotan</b>	
STREET ADDRESS	<b>66 CHURCHILL ROAD</b>		STREET ADDRESS	<b>PO Box 1720</b>	
CITY-ST-ZIP	<b>LEDYARD, CT 06339</b>		CITY-ST-ZIP	<b>Cedar Ridge, CA 95924</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>Walt Drawl</b>	
STREET ADDRESS			STREET ADDRESS	<b>1411 W. Autumnwood</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Lake Charles, LA, 70605</b>	
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 exemption stated in Section 119.07(3)(i), 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:** Walt Drawl **Walt Drawl** **1-19-05** **337-494-6106**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #