

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002537

FILED  
Jan 08, 2007  
Secretary of State

**Entity Name:** USS JAMES K. POLK VETERANS ASSOCIATION INC.

**Current Principal Place of Business:**

2910 KERRY FOREST PKWY SUITE 04-360  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

2910 KERRY FOREST PKWY SUITE D4-360  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

2910 KERRY FOREST PKWY SUITE 04-360  
TALLAHASSEE, FL 32309

**New Mailing Address:**

1411 W. AUTUMNWOOD LANE  
LAKE CHARLES, LA 70605 53

**FEI Number:** 20-0917679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOMME, ROBERT JAMES  
2910 KERRY FOREST PKWY SUITE 04-360  
TALLAHASSEE, FL 32309 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: HOMME, ROBERT JAMES  
Address: 3066 FERMANAGH DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: LIEBERMAN, HAROLD N  
Address: 18 APRICOT COURT  
City-St-Zip: GAITHERSBURG, MD 20878

Title: D ( ) Delete  
Name: LAME, MICHAEL  
Address: 66 CHURCHILL ROAD  
City-St-Zip: LEDYARD, CT 06339

Title: T ( ) Delete  
Name: DRAWL, WALT  
Address: 1411 W AUTUMNWOOD  
City-St-Zip: LAKE CHARLES, LA 70605

Title: D ( ) Delete  
Name: ANTSEY, RON  
Address: 14833 SW 132 AVE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: KETTERING, KEN  
Address: 426 SE WALTERS TERRACE  
City-St-Zip: PORT ST LUCIE, FL 43983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT JAMES HOMME

V

01/08/2007

Electronic Signature of Signing Officer or Director

Date