

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

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90046 020 \*\*\*61.25

**DOCUMENT # N04000002732**



1. Entity Name

**VETERANS OF THE 32ND INFANTRY REGIMENT  
ORGANIZATION, INC**

Principal Place of Business

**4218 NEWTON ROAD  
SPRING HILL FL 34606**

Mailing Address

**4218 NEWTON ROAD  
SPRING HILL FL 34606**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**51-0529012**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BREWER, ROBERT W  
4218 NEWTON ROAD  
SPRING HILL FL 34606**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 is required when renewing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **C**  
STREET ADDRESS **FARGO, DOUGLAS**  
CITY - ST - ZIP **106 HICKORY CT  
CHARLES TOWN WV 25414**

TITLE ☒ Change ☐ Addition  
NAME **Director**  
STREET ADDRESS **Douglas Fargo**  
CITY - ST - ZIP **106 Hickory Court  
Charles Town WV 25414**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BREWER, ROBERT**  
CITY - ST - ZIP **4218 NEWTON ROAD  
SPRING HILL FL 34606**

TITLE ☒ Change ☐ Addition  
NAME **Chairman**  
STREET ADDRESS **Robert Brewer**  
CITY - ST - ZIP **4218 Newton Road  
Spring Hill FL 34606**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HAWKINS, PAUL**  
CITY - ST - ZIP **560 SWEET BRIAR DR  
MARYVILLE TN 37804**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **KENNINGS, WILLIAM**  
CITY - ST - ZIP **7295 HUNTINGTON DR  
OSCODA MI 48750**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HOYT, DONALD**  
CITY - ST - ZIP **4919 NORTHEAST 73 AVENUE  
PORTLAND OR 97218-3811**

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

TITLE ☐ Delete  
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:

**ROBERT W. BREWER**

01-26-06

352-666-4420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone