

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000004477

1. Entity Name
KWVA FLORIDA GULF COAST CHAPTER #155, INC



Principal Place of Business
VFW POST #8463
4711 S.E. 11TH PLACE
CAPE CORAL, FL 33904

Mailing Address
1101 SW 54TH LN
CAPE CORAL, FL 33914



03292007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1630272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHRADER, ROBERT W
7894 SANDEL WOOD CIRCLE W.
FORT MYERS, FL 33908

**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 *Robert W. Shrader*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-05-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAMM-JOHNSON, DON
STREET ADDRESS	524 SW 33RD ST
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	2VP
NAME	DEGOSKI, EDWARD
STREET ADDRESS	1403 SW 43RD LN
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	T
NAME	KENT, ROBERT
STREET ADDRESS	1101 S.W. 54TH LANE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	SA
NAME	MONTAGNINO, JEROME
STREET ADDRESS	5309 SW 11TH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	S
NAME	SHRADER, ROBERT W
STREET ADDRESS	7894 SANDEL WOOD CIRCLE WEST
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000697241
04/18/07-80032-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Robert W. Shrader*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-05-07 739-466-4015

Date

Daytime Phone #