

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04000007324 1. Entity Name UNITED VETERANS OF PORT ST. LUCIE, FLORIDA, INC.						FILED 05 FEB 22 PM 6:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1150 SW CALIFORNIA BLVD PORT ST LUCIE FL 34953		Mailing Address 1150 SW CALIFORNIA BLVD PORT ST LUCIE FL 34953					
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 47-0943488			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SWEENEY, W. EUGENE 8292 SE SAND PINE CIR PORT ST LUCIE FL 34952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY, ST, ZIP	D KNEPSHIELD, RONALD 1919 SW BEAUREGARD ST PORT ST LUCIE FL 34953	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D JOCK, ROBERT 5546 NW SCEPTER DR PORT ST LUCIE FL 34983	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D SWEENEY, W. EUGENE 8292 SE SAND PINE CIR PORT ST LUCIE FL 34952	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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>W. Eugene Sweeney</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/24/05		772-871-0199			

W. EUGENE SWEENEY