

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

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000007324

1. Entity Name

UNITED VETERANS OF PORT ST. LUCIE, FLORIDA, INC.



Principal Place of Business

**1150 SW CALIFORNIA BLVD
PORT ST LUCIE, FL 34953**

Mailing Address

**1150 SW CALIFORNIA BLVD
PORT ST LUCIE, FL 34953**



03272007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

47-0943488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNEPSHIELD, RONALD 1919 SW BEAUREGARD ST PORT ST LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOCK, ROBERT 5546 NW SCEPTER DR PORT ST LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWEENEY, W. EUGENE 8292 SE SAND PINE CIR PORT ST LUCIE, FL 34952
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04/13/07-80032-016 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD K KNEPSHIELD

4/2/07

Date

772-871-6667

Daytime Phone #