

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

5/1/2006-90442-022-\$61.25-\$61.25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN 16 AM 8:17



1st MOORE CR2E037 (10/05)

**DOCUMENT #** 404000011902  
**1. Entity Name** WAR HORSE MEMORIAL FOUNDATION, INC.



**Principal Place of Business**  
P.O. BOX 895578  
LEESBURG FL 34789

**Mailing Address**  
P.O. BOX 895578  
LEESBURG FL 34789

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**4. FEI Number** ☐ **Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

HABERMEHL, CHARLES R  
2351 WILMHURST RD  
DELAND FL 32720

**7. Name and Address of New Registered Agent**

**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 date of registration (NOTE: Registered Agent Signature required when item added) **DATE** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25 Due By May 1, 2006**

**9. Election Campaign Financing** ☐ **\$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                          |                                                                                                                                |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | DP<br>HABERMEHL, CHARLES R<br>2351 WILMHURST RD<br>DELAND FL 32720 <input type="checkbox"/> Delete     | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | 2398 NARROW WAY<br>DELAND, FL. 32720 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | D<br>HABERMEHL, LISA A<br>2351 WILMHURST RD<br>DELAND FL 32720 <input type="checkbox"/> Delete         | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | 2398 NARROW WAY<br>DELAND, FL. 32720 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | D<br>HABERMEHL, VIRGINIA M<br>1575 DAVID WALKER DR<br>TAVARES FL 32778 <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | 920 HUNTERS CREEK DRIVE #5207<br>DELAND, FL 32720 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Delete                                                                        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Delete                                                                        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Delete                                                                        | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |

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:** Charles R. Habermehl **CHARLES R. HABERMEHL** **4-23-06** **386-740-1615**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Outlines: Please #