


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2008 8:00 am
Secretary of State

08-05-2008 90003 032 ****61.50

DOCUMENT # N05000003962					
1. Entity Name APALACHEE VALLEY POST NO. 12010, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 10405 THEO JACOBS WAY BRISTOL, FL 32321			Mailing Address P.O. BOX 458 BRISTOL, FL 32321		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3802832	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PICKRON, BOBBY G 10405 THEO JACOBS WAY BRISTOL, FL 32321			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		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 PD NAME PHILLIPS, NICKY A STREET ADDRESS 10364 NW 3RD STREET CITY-ST-ZIP BRISTOL, FL 32321	<input checked="" type="checkbox"/> Delete		TITLE COMMANDER NAME MCGEE, GARY T. STREET ADDRESS P.O. BOX 463 CITY-ST-ZIP BRISTOL, FL 32321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME MONEY, RODNEY D STREET ADDRESS 16517 NW CR 12 CITY-ST-ZIP BRISTOL, FL 32321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME PICKRON, BOBBY G STREET ADDRESS POST OFFICE BOX 243 CITY-ST-ZIP BRISTOL, FL 32321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME DUNCAN, CARL J STREET ADDRESS 459 INKWOOD LANE CITY-ST-ZIP TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <i>Carl J. Duncan</i>			Date: <i>8/2/2008</i> Daytime Phone #: <i>850-526-0762</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					