


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90088 036 ****70.00

DOCUMENT # N05000010351 1. Entity Name DISTRICT 9, DEPARTMENT OF FLORIDA, VETERANS OF FOREIGN WARS OF THE UNITED STATES OF AMERICA, INC					
Principal Place of Business P O BOX 1437 ST PETERSBURG, FL 33731			Mailing Address P O BOX 1437 ST PETERSBURG, FL 33731		
2. Principal Place of Business - No P.O. Box # 9500 BAY PINES BLVD		3. Mailing Address Suite, Apt. #, etc. Room 217			
City & State ST. PETERSBURG, FL		City & State ST. PETERSBURG, FL		4. FEI Number 38-3732294	
Zip 33744		Country PINELLAS		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THIE, KENNETH A 13622 SERENA DR LARGO, FL 33774				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	P HOLDERNESS, EDWARD K 546 PLAZA SEVILLE CT - # 85 TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SRVP HARBOLD, CHARLES H JR 12130 LAKE ALLEN DR LARGO, FL 33773	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JRVP SULLIVAN, KENNETH A 6580 SEMINOLE BLVD - # 312 SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FO RYAN, EDWARD J 13000 GULF BLVD - APT 406 MADEIRA BEACH, FL 33708	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SCOTT, CHARLES E 4190 71ST ST N - APT 1 ST PETERSBURG, FL 33709	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARBOLD, CHARLES H, JR. 12130 LAKE ALLEN DR LARGO, FL 33773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SRVP SULLIVAN, KENNETH A. 6580 SEMINOLE BLVD. # 312 SEMINOLE, FL 33772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JRVP NELSON, CLARENCE H, JR. 4350 TUNA DR. SE ST. PETERSBURG, FL 33705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<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: Charles E. Scott CHARLES E. SCOTT 02-07-07 727-397-3767					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					