

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Sep 02, 2008 8:00 am
Secretary of State

08-14-2008 90001 025 ****62.25

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2nd MOORE CR2E037 (4/08)

DOCUMENT # N05449					
1. Entity Name MAJOR WALTER W. PRICE POST 9697, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 5484 GRIFFIN ROAD DAVIE FL 33314			Mailing Address 5484 GRIFFIN ROAD DAVIE FL 33314		
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 59-2431049	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUFFY, DANIEL P 9140C SW 23RD ST DAVIE FL 33324			7. Name and Address of New Registered Agent Name DEM BICKI, HARRY Street Address (P.O. Box Number is Not Acceptable) 5830 NE 64TH AVENUE, APT 202 City FT. LAUDERDALE FL Zip Code 33319		
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 <i>[Signature]</i> DATE 8-27-08 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)</small>					
FILE NOW: FEE IS \$61.25 Due By September 3, 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	C	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRATA, JASON		NAME		
STREET ADDRESS	3134 SW 50TH RD		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33314-2047		CITY-ST-ZIP		
TITLE	SRVC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRATA, ROBERT		NAME		
STREET ADDRESS	3134 SW 50TH RD		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33314-2047		CITY-ST-ZIP		
TITLE	QM ADJUTANT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUFFY, DANIEL P		NAME		
STREET ADDRESS	9140C SW 23RD ST.		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33324		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLLES, STUART J.		NAME		
STREET ADDRESS	4800 SW 73RD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33324		CITY-ST-ZIP		
TITLE	QM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEM BICKI, HARRY		NAME		
STREET ADDRESS	5830 NW 64TH AVENUE APT 202		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33319		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>[Signature]</i> Daniel P Duffy, Adjutant			Date 7/30/08 Daytime Phone # 954-609-5466		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		