


FILED  
Aug 21, 2007 8:00 am  
Secretary of State

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07-16-2007 90122 028 \*\*\*\*61.25

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

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # N06000007080</b>   |   |   |  |
| 1. Entity Name<br>APOPKAJALTAMONTE SPRINGS VETERANS OF<br>FOREIGN WARS OF THE UNITED STATES POST 10147<br>FOUNDATION, IN   |   |  |  |
| Principal Place of Business<br>509 S CENTRAL AVE<br>APOPKA, FL 32703   |   | Mailing Address<br>509 S CENTRAL AVE<br>APOPKA, FL 32703   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address<br><i>519 S. Central Ave</i>  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |
| City & State   |   | City & State   |  |
| Zip  | Country   | Zip  | Country  |
| 4. FEI Number<br><i>59-2917986</i>   |   | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$8.75 Additional<br>Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br>VECCHIO, ORTENZIO<br>1230 GLENMORE DR<br>APOPKA, FL 32712   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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.<br>SIGNATURE <i>Ortenzio A. Vecchio</i> (NOTE: Registered Agent signature required when reappointing) DATE   |   |  |  |
| Filing Fee is \$61.25<br>Due by September 14, 2007   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees               |  |
| Make check payable to<br>Florida Department of State   |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>VECCHIO, ORTENZIO A<br>1230 GLENMORE DR<br>APOPKA, FL 32712 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>PERRICONE, RICHARD<br>1057 PIEDMONT OAKS CT<br>APOPKA, FL 32703 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <i>ST. Vice Commander</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>Mary Suriff</i><br><i>1346 Chebon Ct.</i><br><i>APOPKA - FL 32712</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>FERGUSON, JAMES<br>3417 WAX MYRTLE CIR<br>ZELLWOOD, FL 32788 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>ECHON, JOHN<br>1105 MILL RUNN CIR<br>APOPKA, FL 32703 <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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>Ortenzio A. Vecchio</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | DATE <i>7-11-07</i><br>Daytime Phone # <i>407-889-8266</i>   |  |