

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # N09012

1. Entity Name

MASSEY-PETREY, POST NO. 4285 VETERANS OF
FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business

1001 INGRAHAM AVENUE
HAINES CITY, FL 33844

Mailing Address

P.O. BOX 2204
HAINES CITY, FL 33844-9219



02032004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENNINGS, CHARLES R.
190 TRINITY CIR
HAINES CITY, FL 33844

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000038497
02/06/04-80139-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BACON, HAROLD L
STREET ADDRESS	904 S 15TH ST
CITY-ST-ZIP	HAINES CITY, FL
TITLE	D
NAME	JENNINGS, CHARLES R.
STREET ADDRESS	190 TRINITY CIR
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	T
NAME	CAMPBELL, GEORGE
STREET ADDRESS	40 FERN CRESCENT DR.
CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	T
NAME	HATTAWAY, HERBERT
STREET ADDRESS	113 C STREET
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jennings, Charles R. 2/9/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #