


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

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N14872**


1. Entity Name  
**FORT PIERCE WESTSIDE POST NO. 8058 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business  
**%PETER CAMACHO**  
**3475 DOUGLAS RD**  
**FORT PIERCE, FL 34951 US**

Mailing Address  
**%PETER CAMACHO**  
**PO BOX 1765**  
**FORT PIERCE, FL 34954-1765 US**

**DO NOT WRITE IN THIS SPACE**



02092007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2311743</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**CAMACHO, PETER**  
**13501 OKEECHOBEE ROAD**  
**FORT PIERCE, FL 34945**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, JAMES 5195 MARGARET ANN LANE FORT PIERCE, FL 49546
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROUCH, GREGORY 3484 SUNRISE BLVD FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMACHO, PETER 13501 OKEECHOBEE ROAD FORT PIERCE, FL 34954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEHL, HENRY 6122 NW DAROCO TERRACE PORT ST LUCIE, FL 34948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACHECO, JOSEPH J 1116 CLUB DR FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEEGAN, RICHARD 15094 AGUILA AVE FORT PIERCE, FL 34951

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 03/14/07-80017-021 61.25

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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: Peter Camacho **PETER CAMACHO TREASURER** 3-2-07 772-464-1830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #