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

## DOCUMENT # N14872

2. Principal Place of Business - No P.O. Box #

1. Entity Name

%PETER CAMACHO 3475 DOUGLAS RD FORT PIERCE FL 34951

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

## OF FOREIGN WARS OF THE UNITED STATES, INC.

FORT PIERCE WESTSIDE POST NO. 8058 VETERANS Principal Place of Business Mailing Address



%PETER CAMACHO PO BOX 1765 FORT PIERCE FL 34954-1765 3. Mailing Address Suite, Apt. #, etc.

City & State

**FILED** Mar 11, 2008 8:00 am Secretary of State

03-11-2008 90020 039 \*\*\*\*61.25



1st MOORE CR2E037 (10/07) Applied For 4. FEI Number 59-2311743 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

CAMACHO, PETER 13501 OKEECHOBEE ROAD FORT PIERCE FL 34945

Country

6. Name and Address of Current Registered Agent

/. Name and Address of New Registered Agent						
Name						
Street Address (P.O. Box Numb	per is Not Acceptable)					
City	FL Zip Code					
d office or registered agent, or bo	oth, in the State of Fiorida. I am familiar with, and accept					

8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.

Country

Signature) typed or graned name of registered agent and title if applicable.

(NOTE: Registered Agent signature rogured when reinstaung)

	Due By May 1, 2008	Trust Fund Cor		\$5.00 May Be Added to Fees	Make Chec Florida Depar		
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, JAMES 5195 MARGARET ANN LANE FORT PIERCE FL 49546	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROUCH, GREGORY 3484 SUNRISE BLVD FORT PIERCE FL 34982	<b>⊠</b> Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5610 PALH	IWILLAM. 15 TO DR 15 KL 34982		☐ Addifion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMACHO, PETER T 13501 OKEECHOBEE ROAD FORT PIERCE FL 34954	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEHL, HENRY 6122 NW DAROCO TERRACE PORT ST LUCIE FL 34948	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
THE NAME STREET ADDRESS CHTY-ST-ZIP	D PACHECO, JOSEPH J 1116 CLUB DR FORT PIERCE FL 34982	☐ Dalete	TITLE NAME STREET ADDPLSS CITY-ST-ZP			□ Change	nedlibbA 📋
THLE NAME STHEET ADDRESS CITY-SI-ZIP	SD KEEGAN, RICHARD 15094 AGUILA AVE FORT PIERCE FL 34951	☐ Delete	TITLE NAME STREET ADDRESS OUTY-ST-ZIP			☐ Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Camark

3-1-08

772-464-1830