

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90042 007 ****61.25

DOCUMENT # N19227

1. Entity Name

BUCKHEAD RIDGE POST NO. 9528, VETERANS OF FOREIGN WARS OF THE UNITED STATES



Principal Place of Business

Mailing Address

2002 HIGHWAY 78 WEST
 OKEECHOBEE FL 34974
 US

2002 HIGHWAY 78 WEST
 OKEECHOBEE FL 34974
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E037 (10/05)



4. FEI Number

59-2659207

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, ROBERT
1 A LAKE DRIVE WEST BHR
OKEECHOBEE FL 34974

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

Robert Wood

1/26/06

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WOOD, ROBERT | |
| STREET ADDRESS | 1A LAKE DR WEST BHR | |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | PATENT, JOHN | |
| STREET ADDRESS | 14 CYPRESS ST | |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MORGAN, JAMES | |
| STREET ADDRESS | 18 CALAL WAY | |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | LAW, JACK | |
| STREET ADDRESS | 131- 21ST STREET | |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RITCHEY, NEIL | |
| STREET ADDRESS | 3 LINDA GARDENS RD | |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATENT JOHN | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

Robert Wood **Robert Wood**

1/26/06

863-467-2982