

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

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90136 031 \*\*\*\*61.25

**DOCUMENT # N27330**  
 1. Entity Name  
 WILDWOOD POST NO. 4910 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business Mailing Address  
 WILDWOOD FLA IN WILDWOOD POST OFFICE BOX 151  
 NO. PO BOX OXFORD FL 34484  
 WILDWOOD FL 34785



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 401 25 R 44 Box 151  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State  
 WILDWOOD WILDWOOD  
 Zip Country Zip Country  
 34785 Sumter 34785 Sumter

4. FEI Number NO-T APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 GILMORE, HUGH  
 GI  
 4876 C.R. 118  
 WILDWOOD FL 34785

7. Name and Address of New Registered Agent  
 Name SAME  
 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 Hugh E. Gilmore DATE 4-11-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	DS	<input type="checkbox"/> Delete
NAME	GILMORE, HUGH	
STREET ADDRESS	4876 CR 118	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONTNEY, ROBERT	
STREET ADDRESS	4855 CR 146	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARON, RONAIN	
STREET ADDRESS	1008 WOODSIDE DR	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D. William Viehmeyer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	605 LIVE OAK LANE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D. RONALD CARON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1008 WOODSIDE DR.	
CITY-ST-ZIP	WILDWOOD FL 34785	
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		
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: Hugh E. Gilmore DATE: 4-11-08 3527482449