


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90416 007 ****61.25

DOCUMENT # N30325

1. Entity Name
GIBSONIA-KATHLEEN POST 8002 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business
**9398 US HWY 98 N
 LAKELAND, FL 33810 US**

Mailing Address
**P.O. BOX 328
 KATHLEEN, FL 33849**

50013020



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03212006 Chg-NP CR2E037 (11/05)

City & State
 Zip Country

4. FEI Number
59-2918931

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ROTHWELL, ROBERT E
 17 IMPERIAL DR N
 MULBERRY, FL 33860**

7. Name and Address of New Registered Agent
 Name **TRUSTY DENNIS L.**
 Street Address (P.O. Box Number is Not Acceptable) **8105 N SOCRUM LOOP RD**
 City **LAKELAND** FL Zip Code **33809**

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 *Dennis L. Trusty* DATE **4/6/06**
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	CD ROTHWELL, ROBERT E 17 IMPERIAL DR N MULBERRY, FL 33860	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUSTY, DENNIS L 8105 N SOCRUM LOOP RD LAKELAND, FL 33809	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGRI, DENNIS M 2117 RANCHLAND RD LAKELAND, FL 33809	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Q PARRY, JOHN R 5605 ANNETTE ST LAKELAND, FL 338104525	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROSIE, HAROLD 825 W SOCRUM LOOP RD LAKELAND, FL 33809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TRUSTY DENNIS L 8105 N SOCRUM LOOP RD LAKELAND FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGINTIRE NATTA 3276 MTTABER RD LAKELAND FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NERI DENNIS M 2117 RANCHLAND RD LAKELAND FL 33809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Q KNOPE JOHN B 9411 BIG APPLE LN LAKELAND FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dennis L. Trusty* DATE: **4/6/06** 863-815-4777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #