


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N30325

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



Principal Place of Business Mailing Address

**9398 US HWY 98 N
 LAKELAND, FL 33810 US** **P.O. BOX 328
 KATHLEEN, FL 33849**



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2918931 Not Applicable

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

6. Name and Address of Current Registered Agent

**TRUSTY, DENNIS L
 8105 NORTH SOCRUM LOOP RD
 LAKELAND, FL 33809**

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 reinstating) 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**

U00000581502
 01/10/07-80089-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TRUSTY, DENNIS L 8105 NORTH SOCRUM LOOP RD LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTIRE, NATTA 5276 MT. TABER RD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NERI, DENNIS M 2117 RANCH LAND RD LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Q KNOPE, JOHN B 9411 BIG APPLE RD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROSIE, HAROLD 825 W SOCRUM LOOP RD LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 DENNIS L. TRUSTY 1/5/07 863-815-4777

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