


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 8:00 am**  
**Secretary of State**

01-09-2008 90011 035 \*\*\*\*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

40000638



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01042008 Chg-NP CR2E037 (12/06)

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

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

7. Name and Address of New Registered Agent

Name White, Ronald J.  
 Street Address (P.O. Box Number is Not Acceptable)  
8515 Cherry Hill Dr  
 City LAKELAND, FL Zip Code 33810

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 Natta A. McIntire NATTA A. MCINTIRE QUANTUMASTER 01/04/07  
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, 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>TRUSTY, DENNIS L<br>8105 NORTH SOCRUM LOOP RD<br>LAKELAND, FL 33809 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | A<br>MCINTIRE, NATTA<br>5276 MT. TABER RD<br>LAKELAND, FL 33810 <input type="checkbox"/> Delete                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NERI, DENNIS M<br>2117 RANCH LAND RD<br>LAKELAND, FL 33809 <input type="checkbox"/> Delete                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KNOPE, JOHN B<br>9411 BIG APPLE RD<br>LAKELAND, FL 33810 <input type="checkbox"/> Delete                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BROSIE, HAROLD<br>825 W SOCRUM LOOP RD<br>LAKELAND, FL 33809 <input type="checkbox"/> Delete                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | WHITE, RONALD J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>8515 Cherry Hill Dr<br>LAKELAND, FL 33810 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: Ronald J. White Ronald J. White 01/04/07 (863) 4097341  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #