

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

REJECTED
02-01-2007 90022 041 ****61.25
FILED

DOCUMENT # N31947																											
1. Entity Name COMBAT VETERANS MEMORIAL POST NO 9853 VETERANS OF FOREIGN WARS OF THE UNITED																											
Principal Place of Business 75 N OLIVIA DR AVON PARK FL 33825-9173 US		Mailing Address 75 N OLIVIA DR AVON PARK FL 33825-9173 US																									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																									
Subs. Apt. #, etc.		Subs. Apt. #, etc.																									
City & State		City & State																									
Zip	Country	Zip	Country																								
4. FEI Number 59-2820348		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent FRANCIS, DAVID R 75 N. OLIVIA DRIVE AVON PARK FL 33825		7. Name and Address of New Registered Agent 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 <i>David R. Francis</i> DAVID R. FRANCIS		SIGNATURE <i>Quartermaster</i> QUARTERMASTER																									
Date 1-26-07		Date																									
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																									
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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.																											
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E007 (10/06)

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