

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90027 011 ****61.25

DOCUMENT # N46605 1. Entity Name SPECTRE, POST 11367, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 3050 HIGHWAY 98 WEST MARY ESTHER, FL 32569			Mailing Address 3050 HIGHWAY 98 WEST MARY ESTHER, FL 32569		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3082264	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ENGBERG, RON 3050 HIGHWAY 98 WEST MARY ESTHER, FL 32569			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>Ronald L Engberg</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>2-6-08</i> <small>NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C <input type="checkbox"/> Delete ENGBERG, RON 3050 HIGHWAY 98 WEST MARY ESTHER, FL 32569		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input checked="" type="checkbox"/> Delete ALLISON, BILL 3050 HIGHWAY 98 WEST MARY ESTHER, FL 32569		TITLE NAME STREET ADDRESS CITY - ST - ZIP	I <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JIM ALGER 3050 HWY 98 W MARY ESTHER, FL 32569	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete HANNA, BUD 3050 US HWY 98 W. MARY ESTHER, FL 32569		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	QM <input type="checkbox"/> Delete RHODES, ED 3050 US HWY 98 W. MARY ESTHER, FL 32569		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"/> Delete		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"/> Delete		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: <i>Edward Rhodes</i> EDWARD RHODES Date <i>2-6-08</i> Daytime Phone # <i>850-581-0877</i>					