

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

8/28/2007-90023-023-\$61.25-\$61.25

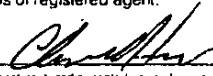
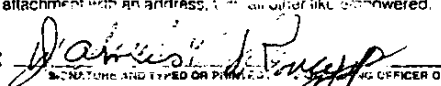
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E037 (4/07)

DOCUMENT # N47310					
1. Entity Name FORT MEADE POST 11179 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business FT. MEADE VFW POST 11179 31 N BROWN AVE FT. MEADE FL 33841 US		Mailing Address FT. MEADE VFW POST 11179 31 N BROWN AVE FT. MEADE FL 33841 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3055584	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HANCOCK, CHARLES 470 E HOOKER BARTOW FL 33830			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 		DATE 8-25-07			
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when resigning)		DATE	
FILE NOW: FEE IS \$61.25 Due By September 5, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KNAPP, JAMES		NAME		
STREET ADDRESS	300 SOUTH WASHINGTON #57		STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE FL 33841		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	ECKHARDT, CLIFF		NAME		
STREET ADDRESS	300 S WASHINGTON AV # 53		STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE FL 33841		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	OXIDINE, HAROLD		NAME		
STREET ADDRESS	217 SAND MTN RD		STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE FL 33841		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	Herman Fisher		NAME		
STREET ADDRESS	P.O. 984		STREET ADDRESS		
CITY-ST-ZIP	Ft. Meade FL 33841		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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, changed, or on an attachment with an address, name, or other like information.					
SIGNATURE:  JAMES KNAPP 863 285 6625					