2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N47310

1. Entity Name
FORT MEADE POST 11179 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
FT. MEADE VFW POST 11179 31 N BROWN AVE FT. MEADE, FL 33841 US	FT. MEADE VFW POST 11179 31 N BROWN AVE FT. MEADE, FL 33841 US

DO NOT WRITE IN THIS SPACE

01122008 No Chg-NP CR2E037 (4/06)

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

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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: Charles H Hancock 1-19-08
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

U00000790361
01/23/08-80033-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	KNAPP, JAMES
STREET ADDRESS	300 SOUTH WASHINGTON #57
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	T
NAME	OXIDINE, HAROLD
STREET ADDRESS	217 SAND MTN RD
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	T
NAME	FISHER, HERMAN
STREET ADDRESS	P.O. 984
CITY-ST-ZIP	FT. MEADE, FL 33841
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Charles H Hancock 1-19-08 863 285 8687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #