


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90005 025 ****61.25

DOCUMENT # N49413 1. Entity Name PAUL J. YOHMAN MEMORIAL VFW POST 7115, INC.					
Principal Place of Business 6561 SUNSET STRIP SUNRISE, FL 33313			Mailing Address 6561 SUNSET STRIP SUNRISE, FL 33313		
2. Principal Place of Business - No P.O. Box # 6851 Sunset Strip		3. Mailing Address P.O. Box 310338			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sunrise, Fl.		City & State Sunrise, Fl.		4. FEI Number 59-6209824	
Zip 33313		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMBICKI, HARRY 6561 SUNSET STRIP SUNRISE, FL 33313		7. Name and Address of New Registered Agent Name Harry Dembicki Street Address (P.O. Box Number is Not Acceptable) 5830 NW 64th Ave. #202 City Tamarac FL Zip Code 33319			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2007		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	D RONALD, SHARP 2034 NW 43RD TERR. #7 FORT LAUDERDALE, FL 33313	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER, REID 7400 NW 15TH ST FT LAUDERDALE, FL 3313	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMBICKI, HARRY 6561 SUNSET STRIP SUNRISE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNO, THOMAS 6770 ROYAL PALM BLVD L202 MARGATE, FL 33063	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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>Harry Dembicki</i> HARRY DEMBICKI 2-2-07 954 7204534 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

