

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90046 023 \*\*\*\*61.25

**DOCUMENT # N92000000210**

1. Entity Name  
**HERNANDO COUNTY POST NO. 8713 VETERANS OF  
FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business  
**1681 E JEFFERSON ST  
BROOKSVILLE, FL 34605**

Mailing Address  
**VFW POST 8713  
PO BOX 1796  
BROOKSVILLE, FL 34605**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02172005 Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-2644461**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAUER, JACK L  
15235 HIGHFIELD RD.  
BROOKSVILLE, FL 34604**

Name **TOWNSEND, William G.**  
Street Address (P.O. Box Number is Not Acceptable)  
**47 MARKHAM LN**  
**BROOKSVILLE**  
City **FL** Zip Code **34601**

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

*William G. Townsend*  
*William G. Townsend*

**2-21-05**

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, 2005**

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 **D** ☒ Delete  
NAME **SCROGGINS, LARRY L**  
STREET ADDRESS **1014 BROOKSIDE FL**  
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **QM** ☐ Delete  
NAME **GRAUER, JACK L**  
STREET ADDRESS **15235 HIGHFIELD RD.**  
CITY-ST-ZIP **BROOKSVILLE, FL 34604**

TITLE **QM** ☒ Change ☐ Addition  
NAME **TOWNSEND, William G**  
STREET ADDRESS **47 MARKHAM LN**  
CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE **C** ☐ Delete  
NAME **SCROGGINS, LARRY L**  
STREET ADDRESS **27263 WARNER AVE.**  
CITY-ST-ZIP **BROOKSVILLE, FL 34602**

TITLE **COMM.** ☒ Change ☐ Addition  
NAME **S PERDUTI, Michael B.**  
STREET ADDRESS **26396 ROLLING ACRES DR**  
CITY-ST-ZIP **BROOKSVILLE, FL 34602**

TITLE **SRVP** ☐ Delete  
NAME **SPERDUTI, MICHAEL B**  
STREET ADDRESS **26388 ROLLING ACRES DR.**  
CITY-ST-ZIP **BROOKSVILLE, FL 34602**

TITLE **SAV** ☒ Change ☐ Addition  
NAME **GREENE, ROBERT**  
STREET ADDRESS **26388 ROLLING ACRES DR.**  
CITY-ST-ZIP **BROOKSVILLE, FL 34602**

TITLE **JRVP** ☐ Delete  
NAME **BELLS, ROBERT**  
STREET ADDRESS **P.O. BOX 1014**  
CITY-ST-ZIP **BROOKSVILLE, FL 34605**

TITLE **JRV** ☒ Change ☐ Addition  
NAME **BE995, ROBERT**  
STREET ADDRESS **P.O. BOX 1014**  
CITY-ST-ZIP **BROOKSVILLE, FL 34605**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*William G. Townsend*  
*William G. Townsend*

**2-21-05 352-799-2156**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #