

2004 NOT-FOR-PROFIT CORP ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90016 032 ****61.25

DOCUMENT # N93000000984

1. Entity Name

**GEORGE R. BAXMANN 8154 VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.**



Principal Place of Business

**3954 HWY 39
ZEPHYRHILLS FL 33541**

Mailing Address

**PO BOX 582
ZEPHYRHILLS FL 33539**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-6166226

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

**THRASHER, CHARLES
35429 CHAMBERS DR
ZEPHYRHILLS FL 33541**

Name

JACK WALLACE
Street Address (P.O. Box Number is Not Acceptable)

36817 JUDEE DR

City

ZEPHYRHILLS

FL

Zip Code

33541

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
C
THRASHEA, CHARLES
35429 CHAMBERS DR
ZEPHYRHILLS FL 33541 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JACK WALLACE
36817 JUDEE DR
ZEPHYRHILLS, FL 33541 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WALLACE, JACK
36817 JUDEE DR
ZEPHYRHILLS FL 33541 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WILLIAM APPENFELDT
37652 MAY LN
ZEPHYRHILLS, FL 33541 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
QM
HAVEN, STEVE
4752 SILVER CIRCLE
ZEPHYRHILLS FL 33541 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
JENSEN, STEVE
5248 9TH ST
ZEPHYRHILLS FL 33540 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RICHARD J. HUST
31853 HARTMAN RD
SAN ANTONIO, FL 33576 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
APPENFELDT, CARL
37652 MAY LN
ZEPHYRHILLS FL 33541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASST. GM
STEVE JENSEN
5248 9TH
ZEPHYRHILLS FLA 33542 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
WICKSON, RICHARD
33511 BRISK DR
ZEPHYRHILLS FL 33541 ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #