


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90017 037 ****61.25

DOCUMENT # N94000002079
 1. Entity Name
JOE NIC BARCO MEMORIAL VFW POST 7122 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business Mailing Address
8191 SOUTH FLORIDA AVENUE POST OFFICE BOX 1119
FLORAL CITY FL 34436 FLORAL CITY FL 34436



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 1st MOORE CR2E037 (10/07)

4. FEI Number 59-3213394 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SHAW, WILLIAM A
9222 E. KENOSHA CT.
FLORAL CITY FL 34436

7. Name and Address of New Registered Agent
 Name **HATTEN, SIDNEY L. Sr.**
 Street Address (P.O. Box Number is Not Acceptable) **5941 S Sundial Dr**
 City **Floral City** FL Zip Code **34436**

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 *Sidney L. Hatten* DATE **2-13-08**
(NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAW, WILLIAM A	
STREET ADDRESS	9222 E. KENOSHA CT.	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, JOEL T	
STREET ADDRESS	3335 S. ROYAL OAKS DR.	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MARSH, CHARLES F	
STREET ADDRESS	8237 S FLORIDA AVE	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, JOEL	
STREET ADDRESS	3335 S ROYAL OAKS DR	
CITY-ST-ZIP	INVERNESS, FL ###%0	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, CHARLES	
STREET ADDRESS	3566 N TYRONE AVE	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, CHARLES F	
STREET ADDRESS	8237 S FLORIDA AVE	
CITY-ST-ZIP	FLORAL CITY, FL ###%0	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE: *Sidney L. Hatten* DATE: **2-13-08** 352 637-3625