

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90033 026 ****70.00

DOCUMENT # N94000004764 1. Entity Name OCEANWAY POST NO. 11406 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 17 PONCE BLVD N JACKSONVILLE, FL 32218 US			Mailing Address P. O. BOX 28084 JACKSONVILLE, FL 32218 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 17 PONCE BLVD. N Suite, Apt. #, etc.			
City & State Zip Country		City & State JACKSONVILLE FL Zip Country 32218 USA		4. FEI Number 59-3240613	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, RONALD C 10429 PINEHURST DR JACKSONVILLE, FL 32218					
7. Name and Address of New Registered Agent Name JAMES W. HARVEY Street Address (P.O. Box Number is Not Acceptable) 14956 CAPE FOREST TL City JACKSONVILLE FL Zip Code 32226					
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 JAMES W. HARVEY QUARTER MASTER <i>James W Harvey</i> 4-15-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2008		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 BRIDGES, JAMES B JR 3652 NEW BERLIN RD JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHLER, PHILLIP S 10816 HAWAII DR S JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIKER, JAMES H 11342 MCALLISTER BLVD JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUKER, JAMES H 11342 MCALLISTER BLVD JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, RONALD C 10429 PINEHURST DR JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	QUARTERMASTER JAMES W. HARVEY 14956 CAPE FOREST TL JACKSONVILLE FL 32226 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	
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>James W. Harvey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-15-08 904-714-1100 <small>Date Daytime Phone #</small>		