

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # N94000005215



1. Entity Name

**CARL S. GEARHART, SR. POST 7256 VETERANS OF
FOREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business

**4131 TREIMAN BLVD
RIDGE MANOR FL 33525**

Mailing Address

**PO BOX 1892
DADE CITY FL 33525**

2. Principal Place of Business

3. Mailing Address



1st MOORE

CR2E037 (10/04)

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WATTS, KENNETH L
4131 TREIMAN BLVD
RIDGE MANOR FL 33525**

Name

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

City

FL

Zip Code

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, 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

TITLE PD
NAME KEY, JOHN F III
STREET ADDRESS PO BOX 723 N/A
CITY- ST- ZIP TRILBY FL 33593 ☐ Delete

TITLE VD
NAME KIPP, PERCIVAL H
STREET ADDRESS 4131 TREIMAN BLVD
CITY- ST- ZIP RIDGE MANOR FL 33525 ☐ Delete

TITLE SD
NAME RITCHIE, FANNIE
STREET ADDRESS PO BOX 723 N/A
CITY- ST- ZIP TRILBY FL 33593 ☐ Delete

TITLE TD
NAME WATTS, K L
STREET ADDRESS 4131 TREIMAN BLVD
CITY- ST- ZIP RIDGE MANOR FL 33525 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
02/08/05-80024-021 61.25

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

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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)(f), 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: Kenneth L. Watts TD 2 Feb 05 (352) 583-9939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #