

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90152 017 ****61.25

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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~~

NEW

2. Principal Place of Business

3. Mailing Address

P.O. Box 594

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TRILBY, FL.

Zip

Country

Zip

33593

Country

HERNANDO

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATTS, KENNETH L
4131 TREIMAN BLVD
RIDGE MANOR FL 33525

7. Name and Address of New Registered Agent

Name THOMAS P. VALDEZ

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

34820 ORCHID PKWY

RIDGE MANOR . FL

City

FL

Zip Code

33523

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

Thomas P. Valdez

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

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 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 all other like empowered.

SIGNATURE:

Thomas Valdez A.M.