

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

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90029 015 \*\*\*\*61.25

**DOCUMENT # N95000000431**



1. Entity Name

**FORT PIERCE NORTHSIDE POST #10554 VETERANS OF  
FOREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business

**3035 N US ONE  
FORT PIERCE FL 34946**

Mailing Address

**3035 N US ONE  
FORT PIERCE FL 34946**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0550895**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MOORE, DONALD B  
2509 N OLD DIXIE  
FORT PIERCE FL 34946**

7. Name and Address of New Registered Agent

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 September 6, 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 **D QUARTERMASTER** ☐ Delete  
NAME **MOORE, DONALD B**  
STREET ADDRESS **2509 OLD N DIXIE HWY**  
CITY - ST - ZIP **FORT PIERCE FL 34946**

TITLE **D** ☐ Delete  
NAME **GATH, WILLIAM**  
STREET ADDRESS **1917 WREN AVE**  
CITY - ST - ZIP **FORT PIERCE FL 34982**

TITLE **D** ☐ Delete  
NAME **COMMANDER**  
STREET ADDRESS **AL MARKOWSKI**  
CITY - ST - ZIP **2406 MISSISSIPPI AVE  
FORT PIERCE, FL 34950**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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  
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CITY - ST - ZIP

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: DONALD B. MOORE** *Donald B. Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/18/06 772-461-1721**

Date

Daytime Phone #