

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 21, 2007 8:00 am
Secretary of State

08-21-2007 90006 002 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

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**

2nd MOORE CR2E037 (4/07)



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

Donald B. Moore

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

(NOTE: Registered Agent signature required when reinstating)

8/17/07

DATE

**FILE NOW: FEE IS \$61.25
Due By September 5, 2007**

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
BOB YOUNG
509 HOLLY AVE
FT. PIERCE, FL 34982** ☐ 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

TITLE
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STREET ADDRESS
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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

8/17/07

772-461-1721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Business Phone #