# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 30, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # N95000000431

1. Entity Name

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

| Principal Place of Business | Mailing Address |
|---|---|
| 3035 N US ONE<br>FORT PIERCE FL 34946 | 3035 N US ONE<br>FORT PIERCE FL 34946 |

1st MOORE CR2E037 (10/07)

| 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

**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 Donald B. Moore 4/21/08
Signature, type or printed name of registered agent and, if applicable, the capacity of the signatory. (NOTE: Registered Agent signature is required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2008**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DQM<br>MOORE, DONALD B<br>2509 OLD N DIXIE HWY<br>FORT PIERCE FL 34946 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>U00000937631<br>05/27/08-80060-001 61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GATH, WILLIAM<br>1917 WREN AVE<br>FORT PIERCE FL 34982 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>YOUNG, BOB<br>509 HOLLY AVE<br>FORT PIERCE FL 34982 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Donald B. Moore DONALD B. MOORE 4/24/2008