2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 07, 2005 8:00 am
Secretary of State
01-13-2005 90001 014 ****61.25

DOCUMENT # N95000004043

1. Entity Name
COUNTY VETERANS SERVICE OFFICERS ASSOCIATION OF FLORIDA, INC.

66001600

Principal Place of Business	Mailing Address
3301 E. TAMIAMI TRAIL BLDG H. RM 212 NAPLES, FL 34112	3301 E. TAMIAMI TRAIL BLDG H. RM 212 NAPLES, FL 34112

01052005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 31-1584156 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRALEY, PETER P
3301 E. TAMIAMI TRAIL
BLDG. H RM. 212
NAPLES, FL 34112

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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: PKraley PETER KRALEY (Treasurer) 1/5/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PRIEM, DONALD
STREET ADDRESS	P.O. BOX 7800 N\A
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	D
NAME	RONALD, TESNOW
STREET ADDRESS	1840 25TH STREET
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	OD
NAME	MCGUFFIE, GLENN A
STREET ADDRESS	2725 JUDGE FRAN DOMIESSON WAY
CITY-ST-ZIP	VIERA, FL 32940
TITLE	TREASURER
NAME	PETER KRALEY
STREET ADDRESS	3301 TAMIAMI TRAIL
CITY-ST-ZIP	NAPLES FL 34112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: PKraley PETER KRALEY 1/5/05 239-774-8448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #