

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000004043

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



Principal Place of Business
**2072 VICTORIA AVE
FORT MYERS, FL 33901**

Mailing Address
**P.O BOX 398
FORT MYERS, FL 33902**

DO NOT WRITE IN THIS SPACE



01162007 No Chg-NP

CR2E037 (4/06)

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

**LOCKHART, DAVID L
2072 VICTORIA AVE.
BLDG. H RM. 212
FORT MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
TESNOW, RONALD L
1840 25TH ST
VERO BEACH, FL 32960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HADDOX, JOHN
2401 SE MONTEREY RD
STUART, FL 34996**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MARGUITH, RICHARD
P.O BOX 2418
LABELLE, FL 33975**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LOCKHART, DAVID L
P.O BOX 398
FORT MYERS, FL 33902**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PRIEM, DONALD W
123 W INDIANA AVE
DELAND, FL 32720**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

U00000596302
01/23/07-80070-023 70.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 16, 2007 239 938 1100

Date

Daytime Phone #