


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90025 016 ****61.25

DOCUMENT # N96000000139					
1. Entity Name DEPARTMENT OF FLORIDA, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 543 NE SANCHEZ AVE OCALA, FL 34470			Mailing Address 543 NE SANCHEZ AVE OCALA, FL 34470		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0494095	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BACHAND, W. BENNY 543 NE SANCHEZ AVE OCALA, FL 34470			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P	NAME HARRIS, DAVE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 543 NE SANCHEZ AVE	CITY-ST-ZIP OCALA, FL 34470			NAME	STREET ADDRESS
CITY-ST-ZIP OCALA, FL 34470				CITY-ST-ZIP	
TITLE STD	NAME BACHAND, WAYNE B		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 543 NE SANCHEZ AVE	CITY-ST-ZIP OCALA, FL 34470			NAME	STREET ADDRESS
CITY-ST-ZIP OCALA, FL 34470				CITY-ST-ZIP	
TITLE D	NAME SURFACE, STEVE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 543 NE SANCHEZ	CITY-ST-ZIP OCALA, FL 34470			NAME	STREET ADDRESS
CITY-ST-ZIP OCALA, FL 34470				CITY-ST-ZIP	
TITLE D	NAME MCDERMOTT, JOHN T		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 543 NE SANCHEZ AVE	CITY-ST-ZIP OCALA, FL 34470			NAME	STREET ADDRESS
CITY-ST-ZIP OCALA, FL 34470				CITY-ST-ZIP	
TITLE D	NAME STOVER, LARRY R		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 543 SANCHEZ AVE	CITY-ST-ZIP OCALA, FL 34470			NAME	STREET ADDRESS
CITY-ST-ZIP OCALA, FL 34470				CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP			NAME	STREET ADDRESS
CITY-ST-ZIP				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: _____			4-10-08 352-622-5126		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		