


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000005969</b>	
1. Entity Name ROTONDA POST 10476 VETERANS OF FOREIGN WARS OF THE UNITED STATES INC.	

Principal Place of Business 3725 CAPE HAZE DRIVE ROTONDA WEST, FL 33947 US	Mailing Address 3725 CAPE HAZE DRIVE ROTONDA WEST, FL 33947 US
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**DO NOT WRITE IN THIS SPACE**



02192008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0342044	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  GIUNTO, JOSEPH L 9 CADDY RD ROTONDA WEST, FL 33947
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**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 resigning) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	C FAUGHT, JERRY 11 OAKLAND HILLS PL NORTH PORT, FL 33947
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T GIUNTO, JOSEPH L 9 CADDY RD ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V AULT, LARRY L 201 CADDY RD ROTONDA, FL 33947
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03/27/08-80038-011 70.00

**DO NOT WRITE  
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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 517, 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:** *Joseph L. Giunto* *Quarter master* *3/6/08* *941-662-6201*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #