
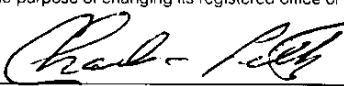
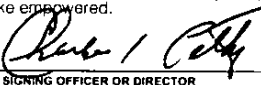


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90007 029 ****61.25

DOCUMENT # N96000006208 1. Entity Name LAKE PLACID POST NO. 3880 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.																																																																																																																																																					
Principal Place of Business 1224 CR 621 EAST LAKE PLACID, FL 33852			Mailing Address P.O. BOX 1621 LAKE PLACID, FL 33862																																																																																																																																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																		
City & State Zip Country			City & State Zip Country																																																																																																																																																		
4. FEI Number 59-3072022			Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																																																																																																																																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 6. Name and Address of Current Registered Agent HOWARD, JARVIS 14 TURTLE RD LAKE PLACID, FL 33852 </div> <div style="width: 50%;"> 7. Name and Address of New Registered Agent Name <u>CHUCK PETTY</u> Street Address (P.O. Box Number is Not Acceptable) <u>1525 LAKE CLAY DR.</u> City <u>LAKE PLACID</u> <u>FL</u> Zip Code <u>33852</u> </div> </div>																																																																																																																																																					
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 <u>CHUCK PETTY</u>  3-21-07 <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, 2007		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																																																																																																																																																					
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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 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: <u>CHARLES L. PETTY</u>  3-21-07 863-699-5444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																					

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