

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90046 047 ****70.00

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1. Entity Name
VERO BEACH POST 3918 VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.



Principal Place of Business
1535 OLD DIXIE HIGHWAY
VERO BEACH, FL 32961

Mailing Address
1535 OLD DIXIE HIGHWAY
VERO BEACH, FL 32960

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2972278

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAULKINGHAM, LLOYD
8775 20TH ST. LOT #126
VERO BEACH, FL 32966

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

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
C
MCKENZIE, JOHN C
STREET ADDRESS
1775 76TH TER SW
CITY-ST-ZIP
VERO BEACH, FL 32968 ☒ Delete

TITLE
NAME
COMMANDER
PETER FISKE
STREET ADDRESS
2046 15TH ST. SW
CITY-ST-ZIP
VERO BEACH, FL. ☒ Change ☐ Addition

TITLE
NAME
QM
FAULKINGHAM, LLOYD L
STREET ADDRESS
8775 20TH ST. LOT #126
CITY-ST-ZIP
VERO BEACH, FL 32966 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
SVRC
SPEZIRLE, VITO A
STREET ADDRESS
525 16TH AVE
CITY-ST-ZIP
VERO BEACH, FL 32962 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
T
ANDERSON, RIVERS
STREET ADDRESS
P O BOX 61
CITY-ST-ZIP
VERO BEACH, FL 32961 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
T
HORAN, HARDY J
STREET ADDRESS
2138 20TH AVE
CITY-ST-ZIP
VERO BEACH, FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
T
CHADHAM, THOMAS
STREET ADDRESS
74 DAUBY COVE
CITY-ST-ZIP
VERO BEACH, FL 32966 ☒ Delete

TITLE
NAME
TRUSTEE
JOHN MCKENZIE
STREET ADDRESS
1775 76TH TER SW
CITY-ST-ZIP
VERO BEACH, FL 32968 ☒ Change ☐ Addition

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:

Lloyd Faulkingham LLOYD FAULKINGHAM

01/08/2007

772-770-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #