

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000002903

1. Entity Name
USAF COMSEC VETERANS GROUP, INC.



Principal Place of Business
**2692 WALNUT DRIVE
PALM HARBOR, FL 34683**

Mailing Address
**2692 WALNUT DRIVE
PALM HARBOR, FL 34683**



01252008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
74-2905883

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEMONS, ANTHONY P
2692 WALNUT DRIVE
PALM HARBOR, FL 34683**

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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, 2008**

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	DP SMITH, HAROLD 11517 WISCONSIN AVE N CHAMPLIN, MN 55316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEMONS, ANTHONY 2692 WALNUT DR. PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDERS, JACK 207 POSITIVE LANE LAKE PARK, GA 31636
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WAGNER, RICHARD 26196 REGAL AVE HAYWARD, CA 94544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/19/08-80051-011.61.25

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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: Anthony P. Lemons **ANTHONY P. LEMONS** 1/28/08 727-736-1993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #