

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743393

Entity Name: WILLIAM A. GARVEY POST NO. 8203 OF NORTH PORT,
FLORIDA, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**FILED**
Feb 11, 2013
Secretary of State
CC3293250861**Current Principal Place of Business:**4860 TROTT CIRCLE
NORTH PORT, FL 34287**Current Mailing Address:**PO BOX 7154
NORTH PORT, FL 34287 US**FEI Number: 59-1918035****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LOVE, PATRICK JASST QM
2634 CRITTENDON ST
NORTH PORT, FL 34286 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SVCD
Name	TYNES, THOMAS LSVCMR
Address	8247 CHESEBRO AVE
City-State-Zip:	NORTH PORT FL 34287

Title	PC
Name	CRUMP, RUSSELL EPCMDR
Address	6886 KENWOOD DR
City-State-Zip:	NORTH PORT FL 33287

Title	JVC
Name	VERRET, MICHAEL JRVCMR
Address	7215 MERONI BLVD
City-State-Zip:	NORTH PORT FL 34291

Title	QM
Name	TOURTELLOTTE, ALAN QM
Address	4808 LIBBY RD
City-State-Zip:	NORTH PORT FL 34287

Title	ADJ
Name	CHIMINIELLO, HANK
Address	3623 MONTCLAIR CIR
City-State-Zip:	NORTH PORT FL 34287

Title	1YT
Name	TALLEY, JOHN CJR
Address	6066 BEEDLA ST
City-State-Zip:	NORTH PORT FL 34286

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RUSSELL E CRUMP**CMR****02/11/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date