## **2020 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
Jan 23, 2020
Secretary of State
9486100443CC

# **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:

SCHUMANN, DANNY E 4860 TROTT CIRCLE NORTH PORT, FL 34287 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: DANNY SCHUMANN 01/23/2020

Electronic Signature of Registered Agent Date

### Officer/Director Detail:

Title **COMMANDER** Title SR VICE COMMANDER Name BROOKE, WILLIAM Name ROBISON, CARL D Address 1166 SAVORY ST Address 2234 S BISCAYNE DR City-State-Zip: NORTH PORT FL 34287 City-State-Zip: NORTH PORT FL 34287

Title JR. VICE COMMANDER Title QM

NameLUEDTKE, ROGER WNameSCHUMANN, DANNY EAddress6216 KAMBACH STAddress4860 TROTT CIRCLECity-State-Zip:PT CHARLOTTE FL 33981City-State-Zip:NORTH PORT FL 34287

Title 3 YR TRUSTEE Title AD.I Name LOVE, PATRICK J Name TOURTELLOTTE, ALAN R Address 2634 CRITTENDON ST 4808 LIBBY RD Address City-State-Zip: NORTH PORT FL 34287 NORTH PORT FL 34287 City-State-Zip:

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: DANNY SCHUMANN

**QUARTERMASTER** 

01/23/2020