

2016 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 17, 2016
Secretary of State
CC4290445839**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 J SR.
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: PATRICK J LOVE****02/17/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	COMMANDER
Name	ROBISON, CARL D
Address	4860 TROTT CIRCLE
City-State-Zip:	NORTH PORT FL 34287

Title	SR VICE COMMANDER
Name	LOUNSBURY, HENRY J
Address	4860 TROTT CIRCLE
City-State-Zip:	NORTH PORT FL 34287

Title	JR. VICE COMMANDER
Name	GAUTHIER, RONALD B
Address	4860 TROTT CIRCLE
City-State-Zip:	NORTH PORT FL 34287

Title	QM
Name	LOVE, PATRICK J
Address	4860 TROTT CIRCLE
City-State-Zip:	NORTH PORT FL 34287

Title	ADJ
Name	CUMBERLAND, KENETH
Address	4860 TROTT CIRCLE
City-State-Zip:	NORTH PORT FL 34287

Title	3 YR TRUSTEE
Name	ALSPAUGH, STEVEN D
Address	4860 TROTT CIRCLE
City-State-Zip:	NORTH PORT FL 34287

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: PATRICK J LOVE SR**QUARTERMASTER****02/17/2016**

Electronic Signature of Signing Officer/Director Detail

Date