

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743393

**FILED**  
**Feb 12, 2015**  
**Secretary of State**  
**CC4017876881**

**Entity Name:** WILLIAM A. GARVEY POST NO. 8203 OF NORTH PORT, FLORIDA, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**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

02/12/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           COMMANDER  
Name           CUMBERLAND, KENNETH E  
Address        4860 TROTT CIRCLE  
City-State-Zip: NORTH PORT FL 34287

Title           SR VICE COMMANDER  
Name           CRUMP, RUSSELL E  
Address        4860 TROTT CIRCLE  
City-State-Zip: NORTH PORT FL 34287

Title           JR. VICE COMMANDER  
Name           POZZUOLO, JOSEPH F  
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           MAKLARY, GRAZYNA M  
Address        4860 TROTT CIRCLE  
City-State-Zip: NORTH PORT FL 34287

Title           2 YR TRUSTEE  
Name           ROBISON , CARL 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

QM

02/12/2015

Electronic Signature of Signing Officer/Director Detail

Date