

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90033 024 ****61.25



DOCUMENT # 713710

1. Entity Name

MEMORIAL POST NO. 141, INC.

Principal Place of Business

1350 CLUBHOUSE RD.
WEST PALM BEACH FL 33409

Mailing Address

1350 CLUBHOUSE RD.
WEST PALM BEACH FL 33409

40016977



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6169847

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

THIBAUT, JOSEPH
2357 CLUB HOUSE DR
W. PALM BCH. FL 33409

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 JOSEPH THIBAUT

Signature, typed or printed name of registered agent and title if applicable.

Joseph Thibault

(NOTE: Registered Agent Signature required when reinstating)

2-7-05

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | FTDC | <input type="checkbox"/> Delete |
| NAME | POWELL, KENNETH L SR. | |
| STREET ADDRESS | 2706 STARWOOD CT. | |
| CITY-ST-ZIP | WEST PALM BCH FL 33406 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | THIBAUT, JOSEPH | |
| STREET ADDRESS | 2357 CLUBHOUSE DR. | |
| CITY-ST-ZIP | W. PALM BCH. FL 33409 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SCHULTIS, CHARLES E | |
| STREET ADDRESS | 507 MONROE DR | |
| CITY-ST-ZIP | W. PALM BCH. FL 33405 | |
| TITLE | FTD | <input checked="" type="checkbox"/> Delete |
| NAME | ARMSTRONG, MARCUS | |
| STREET ADDRESS | 107 CANTER BURY EAST | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33317 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | FTD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROBERT B BORTON | |
| STREET ADDRESS | 2971 BACON POINT RD | |
| CITY-ST-ZIP | PANORCE, FL 33476-0731 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kenneth L. Powell Sr

KENNETH L. POWELL, SR

2-7-05

DATE

561346-2812

DAYTIME PHONE #