2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State
08-27-2004 90004 049 ****70.00

DOCUMENT # 723393

1. Entity Name
A.E.M. POST NO. 4287, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INCORPORATED

Principal Place of Business	Mailing Address
AEM POST 4287 3500 S GOLDENROD RD ORLANDO, FL 32822 US	AEM POST 4287 P.O. BOX 720100 ORLANDO, FL 32872

08242004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7069121 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THUMPSTON, JAMES D 5567 MARTY ROAD ORLANDO, FL 32822	Name: BATCHELDER, STEPHEN H. Street Address (P.O. Box Number is Not Acceptable): 10073 DORIATH CIRCLE ORLANDO, FL City FL Zip Code 32825

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 S.H. Batchelder
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWEETMAN, SAMUEL 2124 ROYAL TROON CT. ORLANDO, FL 32826	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COEN, VINCENT A. 5650 PATRICIA DR. ORLANDO, FL 32822	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THUMPSTON, JAMES D 5567 MARTY RD. ORLANDO, FL 32822	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BATCHELDER, STEPHEN H. 10073 DORIATH CIRCLE. ORLANDO, FL 32825	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, PHILIP R 2806 AHERN DR. ORLANDO, FL 32817	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NERR, GARY W. 5284 JEAN DR. ORLANDO, FL 32822	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BATCHELDER, STEPHEN H 8019 CAPTAIN MORGAN BLVD. ORLANDO, FL 32822	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRAY, ARTHUR F. 7944 HATTERAS Rd. ORLANDO, FL 32822	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JACKOWSKI, BERNARD R 2941 CONDEL DRIVE ORLANDO, FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SWOSZOWSKI, RICHARD H 8014 HATTERAG ORLANDO, FL 32822	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THORNLEY, NORMAN C. 8077 HATERAS Rd. ORLANDO, FL 32822	☐ Change ☐ Addition

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: S.H. Batchelder STEPHEN H. BATCHELDER 8/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(407) 273-6581