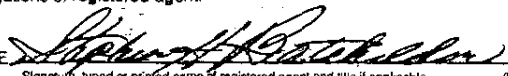
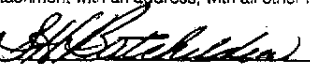


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 723393 1. Entity Name A.E.M. POST NO. 4287, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INCORPORATED					
Principal Place of Business AEM POST 4287 3500 S GOLDENROD RD ORLANDO, FL 32822 US			Mailing Address AEM POST 4287 P.O. BOX 720100 ORLANDO, FL 32872		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		03192005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 23-7069121	
				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	
BATCHELDER, STEPHEN H 10073 DORIATH CIRCLE ORLANDO, FL 32825				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:  03/25/05 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 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	COEN, VINCENT A			NAME	
STREET ADDRESS	5650 PATRICIA DR			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32822			CITY-ST-ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	BATCHELDER, STEPHEN H			NAME	
STREET ADDRESS	10073 DORIATH CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825			CITY-ST-ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	NEAR, GARY W			NAME	
STREET ADDRESS	5284 JEAN DR			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32822			CITY-ST-ZIP	
TITLE	T	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	BRAY, AUTHUR F			NAME	
STREET ADDRESS	7944 HATTERAS RD			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32822			CITY-ST-ZIP	
TITLE	T	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	JACKOWSKI, BERNARD R			NAME	
STREET ADDRESS	2941 CONDEL DRIVE			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32812			CITY-ST-ZIP	
TITLE	T	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	THORNLEY, NORMAN C			NAME	
STREET ADDRESS	8077 HATERAS RD			STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32822			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)(f), 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:  STEPHEN H. BATCHELDER 03/25/05 407 273-6581 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					