2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State
02-27-2006 90060 036 ****70.00

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1st MOORE CR2E037 (10/05)

DOCUMENT # 729896

1. Entity Name

CLYDE E. LASSEN MEMORIAL POST 10178 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
550 MCCALL RD ENGLEWOOD FL 34223 US	550 MCCALL RD ENGLEWOOD FL 34223 US

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 52-1664051 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CURRIE, DAVID
1155 SHORE VIEW DRIVE
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name DAVID J. SHATTUCK

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

731 CAREFREE

City VENICE FL Zip Code 34285

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

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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	CMD CURRIE, DAVID 1155 SHORE VIEW DR. ENGLEWOOD FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMMANDER DAVID J. SHATTUCK 731 CAREFREE VENICE FL 34285	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVCO RUSSELL, WILLIAM J 2094 A REDMOND ST PORT CHARLOTTE FL 33948	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JR. VICE COMMANDER JOHN A BENDER 950 LAMPP DR ENGLEWOOD FL 34223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILLER, FRED 6216 SHASTA DR. ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T AUGUST, RICHARD A 565 SANDLON DRIVE ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DECOLA, RICH 755 TANGERINE WOOD BLVD. ENGLEWOOD FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OM SILVIA, RAYMOND F 195 BOWDOIN ROAD VENICE FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #