


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

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 731014			
1. Entity Name JOHN S. LYMAN, JR. POST #4536, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.			
Principal Place of Business 4401 DIXIE HWY, NE PALM BAY FL 32905		Mailing Address 4401 DIXIE HWY, NE PALM BAY FL 32905	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 23-7091101		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLIAMS, DAVID J 320 BREAKWATER ST SE PALM BAY FL 32909		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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete NUNN, GARY L	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4401 DIXIE HWY NE	STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL 32905	CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> Delete GALLOWAY, WILLIAM	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4401 DIXIE HWY NE	STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL 32905	CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> Delete SULLIVAN, THOMAS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4401 DIXIE HWY	STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL 32905	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete WILLIAMS, DAVID J	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	320 BREAKWATER ST SE	STREET ADDRESS	01/25/05-80112-023 61.25
CITY - ST - ZIP	PALM BAY FL 32909	CITY - ST - ZIP	
TITLE	I <input type="checkbox"/> Delete HORAN, JOE E	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4401 DIXIE HWY NE	STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL 32905	CITY - ST - ZIP	
TITLE	I <input type="checkbox"/> Delete HOGGAT, CHARLES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4401 DIXIE HWY NE	STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	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: David J. Williams **David J. Williams** 1-21-05 321-725-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #