


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

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90047 049 ****61.25

DOCUMENT # 731014
 1. Entity Name
JOHN S. LYMAN, JR. POST #4536, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business Mailing Address
4401 DIXIE HWY, NE **4401 DIXIE HWY, NE**
PALM BAY FL 32905 **PALM BAY FL 32905**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For
23-7091101 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILLIAMS, DAVID J
320 BREAKWATER ST SE
PALM BAY FL 32909

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	NUNN, GARY L	
STREET ADDRESS	4401 DIXIE HWY NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GALLOWAY, WILLIAM	
STREET ADDRESS	4401 DIXIE HWY NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, THOMAS	
STREET ADDRESS	4401 DIXIE HWY	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, DAVID J	
STREET ADDRESS	320 BREAKWATER ST SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	T	<input type="checkbox"/> Delete
NAME	HORAN, JOE E	
STREET ADDRESS	4401 DIXIE HWY NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOGGAT, CHARLES	
STREET ADDRESS	4401 DIXIE HWY NE	
CITY-ST-ZIP	PALM BAY FL	

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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL SCALA	
STREET ADDRESS	4401 Dixie Hwy NE	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kyle King	
STREET ADDRESS	4401 Dixie Hwy NE	
CITY-ST-ZIP	PALM BAY, FL 32905	
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 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: *David J. Williams* 2-2-06 321-725-2998