


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90013 010 ****61.25

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| 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 - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 23-7091101 | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when translating) | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 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 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | PD NUNN, GARY L 4401 DIXIE HWY NE PALM BAY FL 32905 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | PD Lichtenstein, ANDREW 4401 DIXIE HWY NE PALM BAY, FL 32905 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VPD SCALA, DANIEL 4401 DIXIE HWY NE PALM BAY FL 32905 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | VPD Oakes, RONALD 4401 DIXIE HWY NE PALM BAY FL 32905 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VP KING, KYLE 4401 DIXIE HWY NE PALM BAY FL 32905 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | VP Butts, EDDIE 4401 DIXIE HWY NE PALM BAY FL 32905 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D WILLIAMS, DAVID J 320 BREAKWATER ST SE PALM BAY FL 32909 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | T HORAN, JOE E 4401 DIXIE HWY NE PALM BAY FL 32905 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | T HOGGAT, CHARLES 4401 DIXIE HWY NE PALM BAY FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | T SMITH, ROBERT 4401 DIXIE HWY NE PALM BAY, FL 32905 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |



1st MOORE CR2E037 (10/06)

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* **DAVID J. WILLIAMS** 1-23-07 321-725-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #