

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90067 017 \*\*\*\*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**

**70010933**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7091101**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WILLIAMS, DAVID J  
1142 ASTURIA AVE SE  
PALM BAY FL 32909**

7. Name and Address of New Registered Agent

Name **Williams, David J**

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

**320 BREAKWATER ST. SE**

City **PALM Bay, FL**

FL

Zip Code **32909**

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 *David J. Williams* **David J. Williams QUARTERMASTER 1-13-03**

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**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
C	NUNN, GARY L	4401 DIXIE HWY NE	PALM BAY FL 32906	<input checked="" type="checkbox"/>
DSVC	SMITH, ROBERT	4401 DIXIE HWY NE	PALM BAY FL 32906	<input checked="" type="checkbox"/>
JVC	MALLOW, DOUGLAS	4401 DIXIE HWY NE	PALM BAY FL 32905-4344	<input checked="" type="checkbox"/>
DQM	WILLIAMS, DAVID J	1142 ASTURIA AVE SE	PALM BAY FL	<input type="checkbox"/>
T	HORAN, JOE E	4401 DIXIE HWY NE	PALM BAY FL 32905	<input type="checkbox"/>
T	HOGGAT, CHARLES	4401 DIXIE HWY NE	PALM BAY FL	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
COMMANDER	SMITH, ROBERT	4401 DIXIE HWY NE	PALM BAY, FL 32905	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SA, Vice Commander	CHRIS WAGNER	4401 DIXIE HWY NE	PALM BAY, FL 32905	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SA, Vice Commander	ANDREAS LICHTENSTEIN	4401 DIXIE HWY NE	PALM BAY, FL 32905	<input checked="" type="checkbox"/>	<input type="checkbox"/>
QUARTERMASTER	DAVID J. WILLIAMS	320 BREAKWATER ST SE.	PALM BAY, FL 32909	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 QUARTERMASTER 1-13-03 320-225-2999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)