


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90033 037 ****61.25

DOCUMENT # N04000002537

1. Entity Name
USS JAMES K. POLK VETERANS ASSOCIATION INC.



Principal Place of Business
**2910 KERRY FOREST PKWY SUITE 04-360
 TALLAHASSEE, FL 32309**

Mailing Address
**2910 KERRY FOREST PKWY SUITE 04-360
 TALLAHASSEE, FL 32309**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01182006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-0917679

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HOMME, ROBERT JAMES
2910 KERRY FOREST PKWY SUITE 04-360
TALLAHASSEE, FL 32309

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 reinstating) DATE _____

Filing 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	D	<input type="checkbox"/> Delete
NAME	HOMME, ROBERT JAMES	
STREET ADDRESS	3066 FERMANAGH DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIEBERMAN, HAROLD N	
STREET ADDRESS	18 APRICOT COURT	
CITY-ST-ZIP	GAITHERSBURG, MD 20878	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAME, MICHAEL	
STREET ADDRESS	66 CHURCHILL ROAD	
CITY-ST-ZIP	LEDYARD, CT 06339	
TITLE	T	<input type="checkbox"/> Delete
NAME	DRAWL, WALT	
STREET ADDRESS	1411 W AUTUMNWOOD	
CITY-ST-ZIP	LAKE CHARLES, LA 70605	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANTSEY, RON	
STREET ADDRESS	14833 SW 132 AVE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	V	<input type="checkbox"/> Delete
NAME	KETTERING, KEN	
STREET ADDRESS	426 SE WALTERS TERRACE	
CITY-ST-ZIP	PORT ST LUCIE, FL 32983	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Homme, Robert James	
STREET ADDRESS	3066 Fermanagh Drive	
CITY-ST-ZIP	Tallahassee, FL 32308	
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		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Kotan	
STREET ADDRESS	PO Box 1720	
CITY-ST-ZIP	Cedar Ridge, CA 95924	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Antsey, Ron	
STREET ADDRESS	14833 SW 132 AVE	
CITY-ST-ZIP	Miami, FL 33186	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ken Kettering	
STREET ADDRESS	426 SE Walters Terrace	
CITY-ST-ZIP	Port St. Lucie, FL 32983	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Walt Drawl **Walt Drawl** 1-19-06 337-494-6106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #