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

FILED
Mar 15, 2006 8:00 am
Secretary of State
02-27-2006 90082 046 ****61.25

DOCUMENT # N93000001193

1. Entity Name

V.F.W. POST 6370, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1984 MARCO ISLAND FL 34146	P.O. BOX 1984 MARCO ISLAND FL 34146

bbUUJJU4

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0266263 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAPILETS, JOSEPH C. 394 ORTEGA LANE MARCO ISLAND FL 34145	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 Joseph C Capilets

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not listing) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LANG, JAMES M 836 STATURN CT MARCO ISLAND FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CMDR BURNHAM, FRED W. 1282 RIALTO WAY #102 NAPLES, FL., 34114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GRIVICICH, ROBERT J 720 N KENDALL DR MARCO ISLAND FL 34145	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COWLES, EARL T. P.O. Box 95 GOODLAND, FL., 34140	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OSTROM, EUGENE W 1049 COTTONWOOD CT MARCO ISLAND FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC DETLOFF, GERALD F 1842 APATAKI CT MARCO ISLAND FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 it 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: Joseph C Capilets JOSEPH C. CAPILETS 3/13/06 (239) 394-8352

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