


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90046 047 ****70.00

DOCUMENT # N99000002022							
1. Entity Name VERO BEACH POST 3918 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.							
Principal Place of Business 1535 OLD DIXIE HIGHWAY VERO BEACH, FL 32961			Mailing Address 1535 OLD DIXIE HIGHWAY VERO BEACH, FL 32960				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		01072007 Chg-NP CR2E037 (12/06)			
Zip		Country		4. FEI Number 59-2972278 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
FAULKINGHAM, LLOYD 8775 20TH ST. LOT #126 VERO BEACH, FL 32966			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, 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	C	<input checked="" type="checkbox"/> Delete	TITLE	COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKENZIE, JOHN C		NAME	PETER FISKE			
STREET ADDRESS	1775 76TH TER SW		STREET ADDRESS	2046 15TH ST. SW			
CITY-ST-ZIP	VERO BEACH, FL 32968		CITY-ST-ZIP	VERO BEACH, FL			
TITLE	QM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FAULKINGHAM, LLOYD L		NAME				
STREET ADDRESS	8775 20TH ST. LOT #126		STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP				
TITLE	SVRC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPEZIRLE, VITO A		NAME				
STREET ADDRESS	525 16TH AVE		STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSON, RIVERS		NAME				
STREET ADDRESS	P O BOX 61		STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH, FL 32961		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HORAN, HARDY J		NAME				
STREET ADDRESS	2138 20TH AVE		STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHADHAM, THOMAS		NAME	JOHN MCKENZIE			
STREET ADDRESS	74 DAUBY COVE		STREET ADDRESS	1775 76TH TER SW			
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP	VERO BEACH, FL 32968			
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: <i>Lloyd Faulkingham</i>		LLOYD FAULKINGHAM		01/08/2007 772-770-0444			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			