

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

FILED

Jan 20, 2006 08:00 AM  
Secretary of State

DOCUMENT # N98000006384

1. Entity Name

WILLISTON POST NO. 5511, VETERANS OF FOREIGN  
WARS OF THE UNITED STATES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 476  
WILLISTON FL 32696-0476

P.O. BOX 476  
WILLISTON FL 32696-0476

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1000162

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

THOMPSON, MARVIN H  
18850 NE 51ST STREET  
WILLISTON FL 32696

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

*Marvin H Thompson*

1-17-06

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  
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 T ☐ Delete  
NAME RUSSELL, ROBERT  
STREET ADDRESS 11691 N.E. 74TH LN  
CITY-ST-ZIP BRONSON FL 32621

TITLE ☐ Change ☐ Add  
NAME ☐ Change ☐ Add  
STREET ADDRESS 11691 N.E. 74TH LN  
CITY-ST-ZIP BRONSON FL 32621

TITLE T ☐ Delete  
NAME COURTNEY, BENJAMIN E  
STREET ADDRESS 3150 SE LCR #337  
CITY-ST-ZIP MORRISTON FL 32668

TITLE ☐ Change ☐ Add  
NAME ☐ Change ☐ Add  
STREET ADDRESS 3150 SE LCR #337  
CITY-ST-ZIP MORRISTON FL 32668

TITLE T ☐ Delete  
NAME SCHRARTZ, FRANK L  
STREET ADDRESS 2690 SE ST RD 121  
CITY-ST-ZIP NORRISTOWN FL 32668

TITLE ☐ Change ☐ Add  
NAME ☐ Change ☐ Add  
STREET ADDRESS 2690 SE ST RD 121  
CITY-ST-ZIP NORRISTOWN FL 32668

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: MARVIN H THOMPSON

1-17-06 352 528 045