

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90052 041 \*\*\*\*61.25

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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*

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, 2007**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☒ Addition  
NAME **GEORGE TAYLOR**  
STREET ADDRESS **7030 N.E. TER.**  
CITY- ST- ZIP **Williston FL 32696**

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*FRANK L. SCHWARTZ*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-07 352 5284069

Date Daytime Phone #