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

Jan 23, 2007 8:00 am DOCUMENT # 7a0912 **Secretary of State** 1. Entity Name 01-23-2007 90040 010 ****61.25 TAMIAMI MEMORIAL POST NO. 8118, VETERANS OF FOREIGN WARS OF THE UNITED STATES, Principal Place of Business Mailing Address 832 È VENICE AVE VENICE FL 34292 832 E VENICE AVE VENICE FL 34292 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-1089975 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo WILHELM E. THOENNISSEN SUTCLIFFE, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 953 ROSEAU EASR VENICE FL 34285 Zip Code 34292 CHICL 8. The above named ontity 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 agen-SIGNATURE ignature, typed or printed name of registered agent and tille it applicable (NOTE: Registered Agent signature reduced when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Defete THE HB WILLELM E thornissen Jr. NAMI MOWAT, JAMES NAME 1552 Waterford Dr. STREET ADDRESS STREET ADDRESS 504 BAVENO DR CHY ST 7IP CHY ST ZIP VENICE FL 34285 Venice FL. 34292 THEF ☐ Delete 11111 ☐ Addition NAMI NAMI LEPAGE, ARTHUR JR STREET ADDRESS STREET ADDRESS 113-5TH ST EAST CITY ST-7IP VENICE FL 34275 CHY-ST-7IP 1011 Delete HIII □ Change ■ Addition RALPH C. COOK NAM NAME 3156 HERON SHORS OR. STREET ADORESS STORE LADIOID SS CITY ST-ZIP CHY ST ZIP Venico FL. 34293 ☐ Delete HILL ☐ Change ■ Addition NAM STREET ADDRESS STREET ADDRESS CHY SL 7tP CHY ST 7IP Addition Delete Change 8111 ШН NAMI MAMI STREET ADDRESS STREET ADDRESS CHY SE ZIP CHY S1-7P TITLE Delete ш ☐ Change Addition STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY ST-ZIP

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.

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

SIGNATURE: Anth

TEN NAME OF SURNING OFFICER OR DIRECTOR

1/18/67 941 484 8 11 8
Date Date Davis Physics 2

FILED