
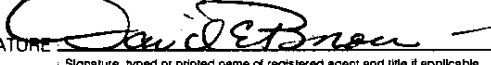



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90108 048 \*\*\*\*61.25

<b>DOCUMENT # 720440</b> 1. Entity Name <b>DE BARY POST NO. 8093, VETERANS OF FORIEGN WARS OF THE UNITED STATES, INC.</b>					
Principal Place of Business <b>351 S HWY 17 92 DEBARY, FL 32713</b>			Mailing Address <b>351 S HWY 17 92 DEBARY, FL 32713</b>		
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 <b>59-6162543</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BROWN, DAVID E 351 S HWY 17 92 P O BOX 33 DEBARY, FL 32713</b>				7. Name and Address of New Registered Agent Name <b>DAVID E. BROWN</b> Street Address (P.O. Box Number is Not Acceptable) <b>351 S. HIGHWAY 17-92</b> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code <b>32713-3216</b></span> </div>	
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  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature, typed or printed name of registered agent and title if applicable.</span> <span>(NOTE: Registered Agent signature required when reinstating)</span> <span>DATE</span> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CMDD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, DAVID E <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	3515 HWY 1792		STREET ADDRESS	<b>351 S. HWY 17-92</b>	
CITY-ST-ZIP	DEBRAY, FL 32713		CITY-ST-ZIP		
TITLE	SVD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, PAUL D <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	3515 S HWY 1792		STREET ADDRESS	<b>351 S. HWY. 17-92</b>	
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP		
TITLE	QMD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMMOND, DANIEL E <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	351 S HWY 1792		STREET ADDRESS		
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP		
TITLE	ADJD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WORALL, LARRY <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	351 S HWY 1792		STREET ADDRESS		
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP		
TITLE	JVCD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINGLETON, MICHAEL <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	351 S HWY 1792		STREET ADDRESS		
CITY-ST-ZIP	DEBARY, FL 32713		CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			01/17/06 386-837-9865		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		