

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # 722306

1. Entity Name
**WEST ORANGE POST NO. 4305 VETERANS OF
FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business
**1170 E. PLANT ST.
WINTER GARDEN, FL 34787 US**

Mailing Address
**P.O. BOX 770456
WINTER GARDEN, FL 34777-0456 US**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1289065

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BATEMAN, JAMES R
316 BAYWEST NEIGHBORS CIR
ORLANDO, FL 32835**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BATEMAN, JAMES R
316 BAYWEST NEIGHBORS CIR
OCOE, FL 32835**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
NELSON, JAMES A
954 WOODSON HAMMOCK CIR
WINTER GARDEN, FL 34787**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MILLER, WILLIAM J
5100 PIPES O THE GLEN WAY
ORLANDO, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON, LARRY L
1508 DOREEN AV
OCOE, FL 34761**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RIVEIRA, DANIEL JR
200 LEE STREET
OCOE, FL 34761**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000777324
01/10/08-80003-014 70.00

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IN THIS SPACE**

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:

James A. Nelson **James A. Nelson** *Adjutant/Quartermaster* *1/4/08* *407 656 3078*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #