



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90077 043 ****61.25

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DOCUMENT # 722485					
1. Entity Name MAURICE K. LANGBERG POST NO. 10066, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 1805 N.E. SAVANNAH ROAD PO BOX 311 JENSEN BEACH, FL 34958-0311		Mailing Address 1805 N.E. SAVANNAH ROAD PO BOX 311 JENSEN BEACH, FL 34958-0311		 02152005 Chg-NP CR2E037 (10/03)	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1493093	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TILTON, C.N. 113 N. INDIAN RIVER DRIVE JENSEN BEACH, FL 34957				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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMMOND, CHARLES T		NAME		
STREET ADDRESS	404 NE JADE CIR		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP		
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RILEY, ARTHUR E		NAME		
STREET ADDRESS	1401 NE CHARDON ST		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP		
TITLE	JVD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	L'ACHANCE, GEORGE T		NAME	Rhodes, Samuel N.	
STREET ADDRESS	545 NE SAPPHIRE WAY		STREET ADDRESS	1867NE Ridge Rd.	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	Jensen Beach, FL. 34957	
TITLE	TT	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANSARA, N. RONALD		NAME	Williams, Norval V.	
STREET ADDRESS	2402 SE BORDEAUX CT		STREET ADDRESS	2514 SE Blackwell Dr.	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP	Port Saint Lucie, FL. 34952	
TITLE	JAD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALLEN, LEON E		NAME		
STREET ADDRESS	66 NE 16TH ST		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	QMD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POND, ALFRED B		NAME		
STREET ADDRESS	817 ST. LUCIE CRESCENT		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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: <u>ALFRED B. POND</u>		Date: <u>2/15/2005</u>		Daytime Phone #: <u>792-334-2659</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					