2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 30, 2008 8:00 am Secretary of State **DOCUMENT # 724893** 1. Entity Name 04-30-2008 90154 024 ****61.25 DELTONA POST 10096 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC. Principal Place of Business Mailing Address **BLUE SPRINGS RD** PO BOX #5472 **ORANGE CITY FL 32763 DELTONA FL 32725** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/07) · City & State City & State 4. FEI Number Applied For 23-7115052 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Densing, Henry J. Sa Street Address P.O. Box Number is Not A 935 Vercelli St 935 Vercelli S Deltona Fl 32725 'ZIARNIK, JOHN'G 4697 S. ACADIAN €IR DELTONA FL 32725. 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, typod or printed name of requirered agent and talg if applicable (NOTE: Redistered Agent signature required 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, 2008 Added to Fees Florida Department of State . OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CDDelete TITLE ☐ Change ■ Addition DENSING, HENRY J SR NAME 935 VERCELLI ST STREET ADDRESS STREET ADDRESS DELTONA FL 32725 CITY ST-ZIP CITY-ST ZIP ☐ Delote TITLE Change ☐ Addition SKRZYPCZAK, MICHAEL NAME 1745 BAVON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELTONA FL 32725** CITY-ST-ZIP -71.5 Dolate TITLE □ Addition Change SHADICK, RAYMOND NAME HAME STREET ADDRESS 730 BISCAYNE DR. STREET ADDRESS ORANGE CITY FL 32763 CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZiP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z₽ TITLE ☐ Delete Titif ☐ Change Addition 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 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

Henry J. Densing &

April 10 2008 386 532 5328

FILED