

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                                                    |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT # 726448</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |                                   |                                   |
| 1. Entity Name<br>CHESTER MCKAY POST NO. 7987, VETERANS OF<br>FOREIGN WARS OF THE UNITED STATES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                                                                                                    |                                   |
| Principal Place of Business<br>7445 CHESTER MCKAY DRIVE<br>NEW PORT RICHEY, FL 34655                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mailing Address<br>7445 CHESTER MCKAY DRIVE<br>NEW PORT RICHEY, FL 34655 |                                                                                                                    |                                   |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |                                 |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          | 01162006 No Chg-NP CR2E037 (11/05)                                                                                 |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          | 4. FEI Number<br>59-6162539                                                                                        | Applied For<br>Not Applicable     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          | 5. Certificate of Status Desired <input type="checkbox"/>                                                          | \$8.75 Additional<br>Fee Required |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                                                    |                                   |
| WARD, STEVE E<br>10985 PEPPERTREE LN<br>PORT RICHEY, FL 34668                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                              |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                                                    |                                   |
| 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 reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                                                                                                    |                                   |
| Filing Fee is \$61.25<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                                                                    |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CMD                                                                      |                                                                                                                    |                                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WARD, STEVE E                                                            |                                                                                                                    |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10985 PEPPERTREE LN                                                      |                                                                                                                    |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PORT RICHEY, FL 34668                                                    |                                                                                                                    |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                                                                        |                                                                                                                    |                                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SAXTON, BIERCK                                                           |                                                                                                                    |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7445 CHESTER MCKAY DR.                                                   |                                                                                                                    |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NEW PORT RICHEY, FL 34655                                                |                                                                                                                    |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                                                                        |                                                                                                                    |                                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SCHWEITZER, DENNIS                                                       |                                                                                                                    |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7445 CHESTER MCKAY DR.                                                   |                                                                                                                    |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NEW PORT RICHEY, FL 34655                                                |                                                                                                                    |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | T                                                                        |                                                                                                                    |                                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HOGG, JERRY                                                              |                                                                                                                    |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7445 CHESTER MCKAY DR.                                                   |                                                                                                                    |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NEW PORT RICHEY, FL 34655                                                |                                                                                                                    |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                                                                                                    |                                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                                                                                                    |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                                                    |                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                                                                                                    |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                                                                                                    |                                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                                                                                                    |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                                                    |                                   |
| 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: <u>Steve E Ward</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | 1-24-06 727 376 3502                                                                                               |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          | Date Daytime Phone #                                                                                               |                                   |