
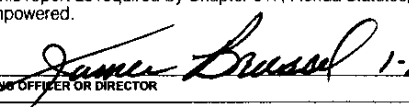


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90028 012 ****70.00

DOCUMENT # 727082 1. Entity Name SEBASTIAN RIVER AREA POST NO. 10210 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 815 LOUISIANA AVE. SEBASTIAN, FL 32958			Mailing Address 815 LOUISIANA AVE. SEBASTIAN, FL 32958		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7140679	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRUSSELL, JAMES 815 LOUISIANA AVE SEBASTIAN, FL 32958			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 <u>JAMES BRUSSEL</u>  <u>1-23-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAROLD, JAMISON		NAME	JONN HASKINS	
STREET ADDRESS	815 LOUISIANA AVE		STREET ADDRESS	815 LOUISIANA AVE	
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	SVCD	<input type="checkbox"/> Delete	TITLE	SVCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREW, DAVIE		NAME	HAROLD JAMISON	
STREET ADDRESS	815 LOUISIANA AVE		STREET ADDRESS	815 LOUISIANA AVE	
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	QMD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUSSELL, JAMES		NAME		
STREET ADDRESS	815 LOUISIANA AV		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL		CITY-ST-ZIP		
TITLE	JVCD	<input type="checkbox"/> Delete	TITLE	JVCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, WARREN		NAME	ROY KENNY	
STREET ADDRESS	815 LOUISIANA AVE		STREET ADDRESS	815 LOUISIANA AVE	
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	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: <u>JAMES BRUSSEL</u>  <u>1-23-06</u> <u>772-589-3405</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					