

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

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90029 048 \*\*\*\*70.00

**DOCUMENT # 728795**  
 1. Entity Name  
**PORT CHARLOTTE POST # 5690 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business: **23204 FREEDOM AVE CHARLOTTE HARBOR FL 33980 US**  
 Mailing Address: **23204 FREEDOM AVE PO BOX 494405 CHARLOTTE HRBR FL 33949**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **23204 FREEDOM AVE**  
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State: **CHARLOTTE HARBOR FL**  
 Zip: **33980** Country: **USA**

4. FEI Number: **23-7372813**  
 Applied For:  Not Applicable:

6. Name and Address of Current Registered Agent  
**BROUSSEAU, NORMAN R**  
**215 RIO VILLA DR**  
**LOT 3411**  
**PORT CHARLOTTE FL 33983**  
**RICHARD GREENSTEIN**  
**432 KENSINGTON ST.**  
**PORT CHARLOTTE FL 33954**

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

7. Name and Address of New Registered Agent  
 Name: **RICHARD GREENSTEIN**  
 Street Address (P.O. Box Number is Not Acceptable): **432 KENSINGTON ST**  
 City: **PORT CHARLOTTE FL** Zip Code: **33954**

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: *Richard Greenstein* DATE: **25 JAN 06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C</b> <b>VALORA, FRANK K</b> <b>25163 MARIOD AVE, LOT #</b> <b>PUNTA GORDA FL 33950</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SVCD</b> <b>SAPHNER, JOSEPH</b> <b>3568 MIDDLETON ST</b> <b>PORT CHARLOTTE FL 33983</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>JVCD</b> <b>TAYLOR, CALVIN R</b> <b>1529 KENMORE ST</b> <b>PORT CHARLOTTE FL 33952</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>JAD</b> <b>TERRILLJON, HUBERT A</b> <b>638 KELLSTADT ST. N.W.</b> <b>PORT CHARLOTTE FL 33952-6420</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>QM</b> <b>BROUSSEAU, NORMAN R</b> <b>215 RIO VILLA DR LOT 3411</b> <b>PUNTA GORDA FL 33950</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LARRY CONKLIN</b> <b>21062 PERKLAND</b> <b>PORT CHARLOTTE FL 33954</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RICHARD GREENSTEIN</b> <b>432 KENSINGTON ST</b> <b>PORT CHARLOTTE FL 33954</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 517, 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: *Richard Greenstein* **RICHARD GREENSTEIN** **25 JAN 06** **941 629 4200**