
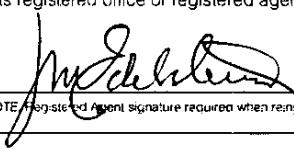


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90017 041 ****61.25

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 PORT CHARLOTTE FL 33980			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 23204 FREEDOM AVE. Suite, Apt. #, etc.				
City & State Zip		City & State CHARLOTTE HARBOR, FL Zip 33980		Country US		
4. FEI Number 23-7372813				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GREENSTEIN, RICHARD 432 KENSINGTON ST. PORT CHARLOTTE FL 33954			7. Name and Address of New Registered Agent Name J.M. EDELSTEIN Street Address (P.O. Box Number is Not Acceptable) 23204 FREEDOM AVENUE City CHARLOTTE HARBOR			
State FL			Zip Code 33980			
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 J.M. EDELSTEIN <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when resigning)</small>		DATE 8/5/08		
FILE NOW: FEE IS \$61.25 Due By September 3, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	C VALORA, FRANK K 25163 MARIOD AVE, LOT # PUNTA GORDA FL 33950		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCD SAPHNER, JOSEPH 3568 MIDDLETON ST PORT CHARLOTTE FL 33983		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVCD TAYLOR, CALVIN R 1529 KENMORE ST PORT CHARLOTTE FL 33952		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVCD BOB BOSSERDET 100 POINSETTA CIRCLE, NE PORT CHARLOTTE, FL 33952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAD CONKLIN, LARRY 21062 PEACHLAND PORT CHARLOTTE FL 33952-6420		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAD CHRIS JERICKA 17113 CROWLEY AVE. PORT CHARLOTTE, FL 33954	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QM GREENSTEIN, RICHARD 432 KENSINGTON ST. PORT CHARLOTTE FL 33954		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	QM J.M. EDELSTEIN 23204 FREEDOM AVE. CHARLOTTE HARBOR, FL 33980	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	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 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: