2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Feb 22, 2007 8:00 am **Secretary of State DOCUMENT #732168** 1. Entity Name 02-22-2007 90013 019 ****61.25 GOLDEN GATE POST NO. 7721 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC. Principal Place of Business Mailing Address 800 NEFF'S WAY 800 NEFF'S WAY 40025000 NAPLES, FL 34119 NAPLES, FL 34119 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292007 Chg-NP CR2E037 (12/06) 4. FEI Number 23-7325333 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COURTRIGHT, MARVIN 261 MATECUMBE LN. NAPLES, FL 34114 City APISS J12074 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 SIGNATURE ire, typed or printed name of registered agent and title if applic (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2007 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 QUARTERMASTER DALE ARTHUR GITT 29 20 ORANGE GROVE TITLE Delete TITLE Change Change COURTRIGHT, MARVIN NAME NAME STREET ADDRESS 261 MATECUMBE LN. STREET ADDRESS NAPLES FL. 84120-7449 CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP BonnANDER Dayle WAYN D Delete TITLE ☐ Addition JENKINS, DOYLE W NAME NAME STREET ADDRESS 2500 JENKINS WAY STREET ADDRESS 2500 JEN CITY-ST-ZIP NAPLES, FL 34117 CITY-ST-ZIP A12LES TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 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. 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. I further certify that the information indicated in 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. I further certify 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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

S OFFICER OR DIRECTOR

ullano

Delete

☐ Delete

DALEA GARINGS

Date

☐ Change

☐ Change

☐ Addition

☐ Addition

FILED