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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **733870** (0)

1. Corporation Name

**TOMMY G. FOSTER - POST NO. 4590, VETERANS OF FOR
EIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business Mailing Address
**3709 E. ST. RD 92
PLANT CITY FL 33566
US** **VFW POST 4590 THOMAS G. FOSTER
POST OFFICE BOX 1557
PLANT CITY FL 33514
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/19/1975** 3a. Date of Last Report **06/17/1994**
4. FEI Number **59-6209820** Applied For
Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**NEWKIRK, HARRY D.
1408 NORTH WHEELER STREET
101 N. THOMAS ST.
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Harry D. Newkirk, HARRY D. NEWKIRK* DATE *3-23-95*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	PAQUE, JAMES E
STREET ADDRESS	1111 PARK RD.
CITY - ST - ZIP	PLANT CITY FL
TITLE	P
NAME	BENNETT, GEORGE F.
STREET ADDRESS	2265 BENNETT ROAD
CITY - ST - ZIP	PLANT CITY FL
TITLE	T
NAME	NEWKIRK, HARRY D
STREET ADDRESS	1506 E. MMOSA DR.
CITY - ST - ZIP	PLANT CITY FL
TITLE	D
NAME	ROBINSON, RALPH
STREET ADDRESS	108 W. CASON STREET
CITY - ST - ZIP	PLANT CITY FL
TITLE	D
NAME	OLSON, ROY E
STREET ADDRESS	4224 N. WILDER RD.
CITY - ST - ZIP	PLANT CITY FL
TITLE	D
NAME	GERBERT, ROBERT H.
STREET ADDRESS	519 CHUCKADEE COURT
CITY - ST - ZIP	PLANT CI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GREGORY, MERRIT
6.3 STREET ADDRESS	203 CUNICE AVE
6.4 CITY - ST - ZIP	PLANT CITY FL 33567

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harry D. Newkirk, HARRY D. NEWKIRK* DATE: *3-23-95*, 759-8627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR