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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.**

DO NOT WRITE IN THIS SPACE

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**

3. Date Incorporated or Qualified <b>09/19/1975</b>	3a. Date of Last Report <b>06/17/1994</b>
4. FEI Number <b>59-6209820</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required

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

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

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

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	<b>GREGORY, MERRIT</b>
6.3 STREET ADDRESS	<b>203 CUNICE AVE</b>
6.4 CITY - ST - ZIP	<b>PLANT CITY FL 33567</b>

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