

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90032 043 \*\*\*\*61.25



**DOCUMENT # 733870**  
 1. Entity Name  
**TOMMY G. FOSTER - POST NO. 4590, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business: 3709 E. ST. RD 92, PLANT CITY FL 33566 US  
 Mailing Address: VFW POST 4590 THOMAS G. FOSTER, POST OFFICE BOX 1557, PLANT CITY FL ~~33564~~ **33564** US



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number: **59-6209820**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**BENNETT, GEORGE F**  
**2226 BENNETT RD**  
**PLANT CITY FL 33565**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: **FL** Zip Code: \_\_\_\_\_

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: *George F. Bennett* 1-26-05  
 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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: CDR NAME: SOSLBER, H. W. STREET ADDRESS: 702 CHARLIE TAYLOR RD. CITY-ST-ZIP: PLANT CITY FL 33564	<input checked="" type="checkbox"/> Delete
TITLE: SVCD NAME: BURTON, DOYLE F STREET ADDRESS: 1005 W MORSE ST CITY-ST-ZIP: PLANT CITY FL 33566	<input checked="" type="checkbox"/> Delete
TITLE: C NAME: SAPP, WILLIAM R STREET ADDRESS: 1001 CHARLIE TAYLOR RD CITY-ST-ZIP: PLANT CITY FL 33567	<input checked="" type="checkbox"/> Delete
TITLE: QM NAME: BENNETT, GEORGE STREET ADDRESS: 2226 BENNETT RD. CITY-ST-ZIP: PLANT CITY FL 33565	<input type="checkbox"/> Delete
TITLE: SVCD NAME: MORGAN, ROBERT STREET ADDRESS: 1012 N. JOHNSON STREET CITY-ST-ZIP: PLANT CITY FL 33563	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: POGUE, JAMES E STREET ADDRESS: 1111 N. PARK RD. CITY-ST-ZIP: PLANT CITY FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: CDR NAME: Bosebce, H.W. STREET ADDRESS: 702 Charlie Taylor Rd. CITY-ST-ZIP: Plant City, FL 33564	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SVCD NAME: Austin, Thomas STREET ADDRESS: 5600 New Tampa Hwy. CITY-ST-ZIP: Lakeland, FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: JVCD NAME: Scutt, Thomas STREET ADDRESS: 108 W. Ball St. CITY-ST-ZIP: Plant City, FL 33563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ADJ NAME: Molitor, Ed STREET ADDRESS: 806 Oakland Hgts. CITY-ST-ZIP: Plant City, FL 33563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: <b>DELETE</b> STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *George F. Bennett* 1-26-05 813-754-7880  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #