

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90018 024 ****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
US



2. Principal Place of Business

3. Mailing Address

2nd MOORE CR2E037 (4/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-6209820

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNETT, GEORGE F
2226 BENNETT RD
PLANT CITY FL 33565

Name **Pogue James E.**
Street Address (P.O. Box Number is Not Acceptable)
111 No. Park Rd
Plant City
City **FL** Zip Code **33563**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
CDR	SOSEBEE, H. W	702 CHARLIE TAYLOR RD.	PLANT CITY FL 33564	<input checked="" type="checkbox"/>
SVCD	AUSTIN, THOMAS	5600 NEW TAMPA HWY	PLANT CITY FL 33564	<input checked="" type="checkbox"/>
C	SAPP, WILLIAM R	1001 CHARLIE TAYLOR RD	PLANT CITY FL 33567	<input checked="" type="checkbox"/>
QM	BENNETT, GEORGE	2226 BENNETT RD.	PLANT CITY FL 33565	<input checked="" type="checkbox"/>
ADJ	MOLITOR, ED	806 OAKLAND HGTS	PLANT CITY FL 33563	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
EMDR	Austin Thomas	5600 New Tampa Hwy	Plant City FL 33564	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sr Vice	Boehm Michael D.	3802 Joe Sanchez Rd	Plant City, FL 33565	<input type="checkbox"/>	<input type="checkbox"/>
Jr Vice	Grayson Laura	1426 Spencer et	Plant City, FL 33563	<input type="checkbox"/>	<input type="checkbox"/>
Trustee	Smith Charles R.	405 Midwood Ln	Plant City, FL 33566	<input type="checkbox"/>	<input type="checkbox"/>
am	Pogue James E.	111 No Park Rd	Plant City FL 33563	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: James E. Pogue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-06

Date

Daytime Phone #