


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 733870**  
 1. Entity Name  
**TOMMY G. FOSTER - POST NO. 4590, VETERANS OF FOREIGN 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 33564 US**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

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  
**POGUE, JAMES E  
 111 N PARK RD  
 PLANT CITY FL 33563**

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 *James E Pogue* am. DATE **9-1-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25 Due By September 5, 2007**

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	SV	<input type="checkbox"/> Delete
NAME	BOEHM, MICHAEL D	
STREET ADDRESS	3802 JOE SANCHEZ RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	CMDR	<input type="checkbox"/> Delete
NAME	AUSTIN, THOMAS	
STREET ADDRESS	5600 NEW TAMPA HWY	
CITY-ST-ZIP	PLANT CITY FL 33564	
TITLE	JV	<input type="checkbox"/> Delete
NAME	GRAYSON, LAURA	
STREET ADDRESS	1406 SPENCER CT	
CITY-ST-ZIP	PLANT CITY FL 33563	
TITLE	TR	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES R	
STREET ADDRESS	405 MIDWOOD AVE	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	QM	<input type="checkbox"/> Delete
NAME	POGUE, JAMES F	
STREET ADDRESS	1111 N PARK RD	
CITY-ST-ZIP	PLANT CITY FL 33563	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000774044	
CITY-ST-ZIP	09/14/07-80003-019 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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; 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* DATE **9-1-07**