

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90119 036 ****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 Mailing Address
3709 E. ST. RD 92 VFW POST 4590 THOMAS G. FOSTER
PLANT CITY FL 33566 POST OFFICE BOX 1557
US PLANT CITY FL 33564
US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 1st MOORE CR2E037 (10/07)

City & State City & State
 Zip Country 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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 checked="" 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 checked="" 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	CMDR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James H Wilson	
STREET ADDRESS	4639 Turner Rd	
CITY-ST-ZIP	Mulberry, FL 33860	
TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles W. Westling	
STREET ADDRESS	563 Partridge Pass	
CITY-ST-ZIP	Plant City, FL 33565	
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 Section 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 April 11, 2008 813-752-1322