

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90986 045 ****61.25

2003000

DOCUMENT # 733870



1. Entity Name
**TOMMY G. FOSTER - POST NO. 4590, VETERANS OF FOR
EIGN 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 33514
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POGUE, JAMES E
1111 NO PARK RD
PLANT CITY FL 33566**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JOHNSON, JOHN F 1216 COWART RD PLANT CITY FL 33564	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BURTON, DOYLE F 1005 W MORSE ST PLANT CITY FL 33566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SAPP, WILLIAM R 1001 CHARLIE TAYLOR RD PLANT CITY FL 33567	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOSEBEE, H.W. 702 CHARLI TAYLOR RD PLANT CITY FL 33566	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEWMAN, JOSEPH 4401 BOOT BAY RD PLANT CITY FL 33567	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POGUE, JAMES E 1111 N. PARK RD. PLANT CITY FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Commander Sosbee H.W. 702 Charlie Taylor Rd Plant City, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Quartermaster Bennett George 2226 Bennett Rd Plant City, FL 33565	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice Commander Morgan Robert 1012 N. Johnson St PLANT City, FL 33563	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: SIGNATURE REQUIRED

CR2E037 (10/02)