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

Feb 22, 2006 8:00 am **Secretary of State** DOCUMENT # 737228 1. Entity Name 02-22-2006 90003 043 ****61.25 RUSKIN MEMORIAL POST NO. 6287 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC. Mailing Address Principal Place of Business 5120 HWY US 41 VFW POST 6287 5120 HWY US 41 VFW POST 6287 RUSKIN FL 33572-3500 RUSKIN FL 33572-3500 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE Applied For 4. FEI Number City & State City & State 59-1596663 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZIPPERER, ANTHONY K Street Address (P.O. Box Number is Not Acceptable) 1520 33RD ST SE RUSKIN FL 33570 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 全种的**的**类对象的结果 Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. 6 PD Addition Delete TITLE Change THEF SHEEHY THOMAS ZIPPERER, ANTHONY K NAME 5120 US HWY 415 1520 33RD ST SE STREET ADDRESS STREET ADDRESS RUSKIN FL 33570 CITY-ST-ZIP RUSKIN 33572 CITY - ST- 78P Change Addition Delete TITLE TITLE SCHELLER, BRUCE NAME NAME 1028 APOLLO BEACH BLVD. STREET ADDRESS STREET ADDRESS APOLLO BEACH FL 33572 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Detete TITLE George Hilton NAME NAME CALVIN, WILLIAM US HWY 41 N STREET ADDRESS 922 EAGLE LANE STREET ADDRESS CITY-ST-ZIP APOLLO BEACH FL 33572 CITY-ST-ZIF Change ■ Addition ☐ Delete TITLE TITLE PIRCSUK, ALEXANDER J NAME STREET ADDRESS 1928 DEL WEBB BLVD STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 WILLIAM CALVIN ☐ Change **Addition** Delete TITLE TITLE NAME 5120 US HWY 41 N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 exported by Chapter 117. 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. VEI. FOUT 6287

SIGNATURE: Washington 11. Signature 11. Signature 11. Signature 11. Signature 11. Signature 12. Signature 12.

CITY+ST-ZIP

FILED