


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 739666	
1. Entity Name VETERANS OF FOREIGN WARS POST 1689 HOLDING CORPORATION	

Principal Place of Business 3409 ST. AUGUSTINE RD JACKSONVILLE, FL 32207 US	Mailing Address 3409 ST. AUGUSTINE RD JACKSONVILLE, FL 32207 US
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6162478	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARRETT, THOMAS
8142 ROCKY CREEK DRIVE
JACKSONVILLE, FL 32244**

**DO NOT WRITE
IN THIS SPACE**

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 Thomas M. Garrett Thomas M. Garrett QMD 1/10/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDR PAZ, RICHARD 2441 SPRING PRK RD APT 32 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVD LACOMB, PETE 3012 WALTON STREET JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JRVD KLAR, HARRY JR 12545 REMLER DR W JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QMD GARRETT, THOMAS 8142 ROCKY CREEK DRIVE JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/10/07-80090-001 70.00

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 Thomas M. Garrett THOMAS M. GARRETT 1/10/07 904-977-8883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #