2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State
07-05-2005 90223 036 ****70.00

DOCUMENT # 739897

1. Entity Name
JOHN E. MEALY MEMORIAL POST 3282, VETERANS OF FOREIGN WARS OF THE UNITED STATES INC.

20061415

Principal Place of Business	Mailing Address
5810 AIRPORT RD. PORT ORANGE, FL 32125	5810 AIRPORT RD. PORT ORANGE, FL 32125

07012005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
5810 S. WILLIAMSON BLVD	5810 S. WILLIAMSON BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ORANGE, FL	City & State: PORT ORANGE, FL
Zip: 32128 Country: USA	Zip: 32128 Country: USA

4. FEI Number 59-0994190 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEARBORN, JAMES W 1889 SILVER FERN DR DAYTONA BEACH, FL 32124	Name: BISHKO, MICHAEL O Street Address (P.O. Box Number is Not Acceptable): 5085 ORANGE AVE City: PORT ORANGE FL Zip Code: 32127

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: _____ 7/1/05
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 September 7, 2005

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	D DANIELS, CHARLES A 5810 AIRPORT RD DAYTONA BEACH, FL 32128	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMMANDER SKROBE, WILLIAM J 5396 CRANES ROOST PORT ORANGE, FL 32128	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEARBORN, JAMES W 1889 SILVER FERN DR DAYTONA BEACH, FL 32124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAWKINS, ELMER J 401 SOUTH BEACH ST DAYTONA BEACH, FL 32128	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	QUARTERMASTER BISHKO, MICHAEL O 5085 ORANGE AVE PORT ORANGE, FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 7/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #