2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 739897

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

Principal Place of Business	Mailing Address
5810 S WILLIAMSON BLVD PORT ORANGE, FL 32128	5810 S WILLIAMSON BLVD PORT ORANGE, FL 32128

DO NOT WRITE IN THIS SPACE

01172006 No Chg-NP CR2E037 (11/05)

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

BISHKO, MICHAEL O
5085 ORANGE AVE
PORT ORANGE, FL 32127

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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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	SKROBE, WILLIAM J
STREET ADDRESS	5396 CRANES ROOS R
CITY-ST-ZIP	PORT ORANGE, FL 32128
TITLE	T
NAME	DEARBORN, JAMES W
STREET ADDRESS	1689 SILVER FERN DR
CITY-ST-ZIP	DAYTONA BEACH, FL 32124
TITLE	QM
NAME	BISHKO, MICHAEL O
STREET ADDRESS	5085 ORANGE AVE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80019-006 70.00

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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: _____ 1/25/06 3867617217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #