
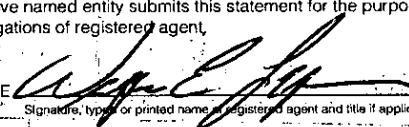
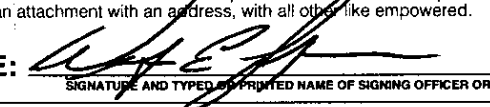


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90038 033 \*\*\*\*61.25

<b>DOCUMENT # 740354</b> 1. Entity Name <b>REBEL POST NO. 5625 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.</b>					
Principal Place of Business <b>1104 S MAIN ST US 195 CHIEFLAND, FL 32626 US</b>			Mailing Address <b>U S HWY 19 SOUTH PO BOX 409 CHIEFLAND, FL 32626</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-6165453</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PRINE, CHARLES O 1104 S MAIN ST US 195 CHIEFLAND, FL 32626</b>				7. Name and Address of New Registered Agent Name <b>Carrigan, Wayne</b> Street Address (P.O. Box Number is Not Acceptable) <b>8450 NW 120th St</b> City <b>Chiefland</b> <b>FL</b> Zip Code <b>32626</b>	
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  DATE <b>7-23-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTLEBERRY, RONALD J 1104 S MAIN ST CHIEFLAND, FL 32644	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Quartermaster DeWayne Huffer 16602 NW 85th Terr Fanning Springs FL 32693	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRIGAN, WAYNE 1104 S MAIN ST CHIEFLAND, FL 32644	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr Vice Sammy Jenkins P O Box 682 Cross City FL 32628	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINE, CHARLES O 1104 S MAIN ST CHIEFLAND, FL 32644	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jr Vice John Cowart 236 NE 500 ST Old Town FL 32680	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERSHMAN, ANDREW 1104 S MAIN ST US 195 CHIEFLAND, FL 32626	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Judge Advocate George Hermansen 7991 NW 110 Ave Chiefland FL 32626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BROCKMAN, BEN R. 10090 NW 101 ST CHIEFLAND, FL 32626	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adjutant William R Coutts Jr 8851 NE 92nd Ct Bronson FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, ARTHUR F. 7151 N.W. 156TH STREET CHIEFLAND, FL 32626	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<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:  DATE <b>7-23-04</b> 352 493 1154 <small>SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

54065051



07232004 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

Zip Code  
32626

DATE  
7-23-04

352 493 1154  
Daytime Phone #