

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90059 005 \*\*\*\*61.25

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04102007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 742225</b>					
1. Entity Name <b>GREATER BEACHES POST NO. 3270 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.</b>					
Principal Place of Business <b>915- 8TH. AVE. SOUTH JACKSONVILLE BEACH, FL 32250</b>			Mailing Address <b>915- 8TH. AVE. SOUTH JACKSONVILLE BEACH, FL 32250</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-6162488</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PAPEVEIS, PAUL T. 231 SOUTH 21ST AVENUE JACKSONVILLE BEACH, FL 32250</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</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>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>SOSD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WELCH, AMPHERS</b>			NAME			
STREET ADDRESS	<b>1910 1ST STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>NEPTUNE BEACH, FL</b>			CITY-ST-ZIP			
TITLE	<b>COD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FAIR, LELAND R</b>			NAME			
STREET ADDRESS	<b>809 13TH AVENUE SOUTH</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE BEACH, FL 32250</b>			CITY-ST-ZIP			
TITLE	<b>DR</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KEMMERER, WILLIAM</b>			NAME			
STREET ADDRESS	<b>1610 SHATTER AVE #122</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE BEACH, FL 32250</b>			CITY-ST-ZIP			
TITLE	<b>SV</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMITH, WILLIAM COD</b>			NAME			
STREET ADDRESS	<b>7610 BROCKHURST DR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32277</b>			CITY-ST-ZIP			
TITLE	<b>QM</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TUCKER, LARRY</b>			NAME			
STREET ADDRESS	<b>914 SO. 16TH AVE.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE BEACH, FL 32250</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:

*Leland R Fair 4/30/07*