2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#743393

Jun 18, 2007 Secretary of State

Entity Name: WILLIAM A. GARVEY POST NO. 8203 OF NORTH PORT, FLORIDA, VETERANS OF FOREIGN

WARS OF THE UNITED STATES, INC.

Current Principal Place of Business: New Principal Place of Business:

4860 TROTT CIRCLE

NORTH PORT, FL 34287 US

Current Mailing Address: New Mailing Address:

PO BOX 7154

NORTH PORT, FL 34287 US

FEI Number: 59-1918035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TOSO, DENNIS

4695 W.PRICE BLVD.

NORTH PORT, FL 34286 US

FEE, ROBERT G CMDR.

356 TRAILORAMA DRIVE

NORTH PORT, FL 34286 US

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.

SIGNATURE: ROBERT G. C. FEE, II 06/18/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC () Delete Title: PC (X) Change () Addition Name: BAUER, RUDY H Name: FEE, ROBERT G CODR

Address: 9055 S. TAMIAMI TRAIL Address: 356 TRAILORAMA DRIVE
City-St-Zip: VENICE, FL 34293 City-St-Zip: NORTH PORT, FL 34287

Title: SVCD () Delete Title: SVCD (X) Change () Addition BURPEE, DAVID A Name: TYNES, THOMAS SVCMDR Name: Address: 18113 GARVIN AVENUE Address: 8247 CHESEBRO AVENUE City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: NORTH PORT, FL 33287

Title: JVCD () Delete Title: JVCD (X) Change () Addition FENGER, RALPH V Name: BIASSI, FRANK JRVCMDR Name: 7626 BLUTTER RD. 4231 WACCMA AVE. Address: Address: City-St-Zip: NORTH PORT, FL 34286 City-St-Zip: NORTH PORT, FL 34287

Title: QM () Delete Title: OM (X) Change () Addition Name: SHIREY, JOHN E Name: MCARDLE, PATRICK QM 4860 TROTT CIRCLE 1444 HEDGEWOOD CIRCLE Address: Address: City-St-Zip: NORTH PORT, FL 34287 City-St-Zip: NORTH PORT, FL 34287

Title: A () Delete Title: () Change () Addition

 Name:
 CHIMINIELLO, HANK
 Name:

 Address:
 3623 MONTCLAIR CIR
 Address:

 City-St-Zip:
 NORTH PORT, FL 34287
 City-St-Zip:

Title: 3YT () Delete Title: 3YT (X) Change () Addition

 Name:
 TOSO, DENNIS D
 Name:
 CATO, VENI

 Address:
 4695 W. PRICE BLVD
 Address:
 1980 S. BISCAYNE BLVD

 City-St-Zip:
 NORTH PORT, FL 34286
 City-St-Zip:
 NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT G. C. FEE, II CMDR 06/18/2007

Electronic Signature of Signing Officer or Director

Date