2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State
03-21-2005 90110 040 ****70.00

DOCUMENT # 751574

1. Entity Name

ASTOR POST NO. 9986 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
55620 VETIRANS DR. P O BOX 141 ASTOR FL 32102	55620 VETIRANS DR. P O BOX 141 ASTOR FL 32102

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
55620 VET. RANS DR	55620 VET. RANS DR.
Suite, Apt. #, etc.: P.O. Box 141	Suite, Apt. #, etc.: P.O Box 141
City & State: ASTOR FL	City & State: ASTOR FL
Zip: 32102 Country: LAKE	Zip: 32102 Country: LAKE

4. FEI Number: 59-1696883 ☑ 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
JAMES B. GLIDDEN 55406 HUGH DR. ASTOR FL 32102	Name: Steve D. Ayles Street Address (P.O. Box Number is Not Acceptable): 55530 JAMES ST. City: ASTOR FL Zip Code: 32102

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: Steve D. Ayles, Q.M. 3/14/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 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	CD BLAKE, GARY D 56430 WATER OAK ASTOR FL 32102	☐ Delete	CD PAUL BLAIR P.O. Box 492 ASTOR FL 32102	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVCT BLAIR, PAUL T P.O. BOX 492 ASTOR FL 32102	☐ Delete	SVCT BLAKE GARY D 56430 WATER OAK ASTOR FL 32102	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AJT DUNN, HENRY L 56024 TY TY ROAD ASTOR FL 32102	☑ Delete	Adj Ayles Steve D. PO Box 213 ASTOR FL 32102	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	QM GLIDDEN, JAMES 55406 HUGH DR. ASTOR FL 32102	☐ Delete	QM Ayles Steve D. Po Box 213 ASTOR FL 32102	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JVCT DRAPER, BOB 1027 SE 174 CT SILVER SPRINGS FL 34455	☐ Delete	JVCT DRAPER Bob 1027 SE 174 CT Silver Springs	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Steve D. Ayles 3/14/05 1-352-759-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #