

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751574

FILED
Jul 16, 2006
Secretary of State

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

Current Principal Place of Business:

55620 VETIRANS DR.
P O BOX 141
ASTOR, FL 32102

New Principal Place of Business:

Current Mailing Address:

55620 VETIRANS DR.
P O BOX 141
ASTOR, FL 32102

New Mailing Address:

FEI Number: 59-1696883 **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:

AYLES, STEVE D
55530 JAMES ST
ASTOR, FL 32102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: BLAIR, PAUL
Address: P.O. BOX 492
City-St-Zip: ASTOR, FL 32102

Title: SVCT () Delete
Name: BLAKE, GARY D
Address: 56430 WATER OAK
City-St-Zip: ASTOR, FL 32102

Title: AJT () Delete
Name: AYLES, STEVE D
Address: PO BOX 213
City-St-Zip: ASTOR, FL 32102

Title: QM () Delete
Name: AYLES, STEVE D
Address: PO BOX 213
City-St-Zip: ASTOR, FL 32102

Title: JVCT () Delete
Name: DRAPER, BOB
Address: 1027 SE 174 CT
City-St-Zip: SILVER SPRINGS, FL 34455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: AYLES, STEVE D
Address: 55530 JAMES STREET
City-St-Zip: ASTOR, FL 32102

Title: SVCT (X) Change () Addition
Name: EVANOFF, ROBERT
Address: P. O. BOX 162
City-St-Zip: ASTOR, FL 32102

Title: AJT (X) Change () Addition
Name: LEESON, LARRY
Address: 1820 JUNGLE DEN RD. LOT 87
City-St-Zip: ASTOR, FL 32102

Title: QM (X) Change () Addition
Name: BLAIR, PAUL T
Address: PO BOX 492
City-St-Zip: ASTOR, FL 32102

Title: JVCT (X) Change () Addition
Name: BUMB, JEFF
Address: 1365 BEVILLE ROAD
City-St-Zip: S, DAYTONA, FL 32119

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL T. BLAIR

QM

07/16/2006

Electronic Signature of Signing Officer or Director

Date