# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Jul 20, 2007 8:00 am**
**Secretary of State**
07-20-2007 90017 018 ****61.25

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.<br>P O BOX 141<br>ASTOR FL 32102 | 55620 VETIRANS DR.<br>P O BOX 141<br>ASTOR FL 32102 |

2nd MOORE CR2E037 (4/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 55620 Veterans DR | P.O. Box 141 |
| Suite, Apt. #, etc. | Suite, Apt # etc |
| 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 |
|---|---|
| AYLES, STEVE D<br>55530 JAMES ST<br>ASTOR FL 32102 | Name: Larry Leeson<br>Street Address (P.O. Box Number is Not Acceptable): 24609 West Loyd STREET<br>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: Larry A Leeson 7/16/07
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 September 5, 2007**

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<br>AYLES, STEVE D<br>55530 JAMES STREET<br>ASTOR FL 32102 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>Leeson Larry<br>24609 West Loyd St.<br>ASTOR FL. 32102 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVCT<br>EVANOFF, ROBERT<br>P. O. BOX 162<br>ASTOR FL 32102 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVCT<br>Bumb Jeff<br>1340 DAYDREAM LN.<br>ASTOR FL 32102 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AJT<br>LEESON, LARRY<br>1820 JUNGLE DEN RD. LOT 87<br>ASTOR FL 32102 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | JVCT<br>John Watson<br>510 Vannote Rd<br>Pierson FL 32180 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | QM<br>BLAIR, PAUL T<br>PO BOX 492<br>ASTOR FL 32102 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | QM<br>Ayles Steve<br>PO Box 213<br>ASTOR FL | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | JVCT<br>BUMB, JEFF<br>1365 BEVILLE ROAD<br>S, DAYTONA FL 32119 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Adj<br>~~Steve~~ Geoffrey Walker<br>2440 NE 115th Ave<br>Silver Springs FL. 34488 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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: Larry A. Leeson 7/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #