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. P O BOX 141 ASTOR FL 32102	55620 VETIRANS DR. P O BOX 141 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: ASOR 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

AYLES, STEVE D
55530 JAMES ST
ASTOR FL 32102

7. Name and Address of New Registered Agent

Name: LARRY LEESON
Street Address (P.O Box Number is Not Acceptable): 24609 WEST LOYD STREET
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: CD NAME: AYLES, STEVE D STREET ADDRESS: 55530 JAMES STREET CITY-ST-ZIP: ASTOR FL 32102	☐ Delete	TITLE: CD NAME: LEESON LARRY STREET ADDRESS: 24609 WEST LOYD ST. CITY-ST-ZIP: ASTOR FL. 32102	☒ Change ☐ Addition
TITLE: SVCT NAME: EVANOFF, ROBERT STREET ADDRESS: P. O. BOX 162 CITY-ST-ZIP: ASTOR FL 32102	☐ Delete	TITLE: SVCT NAME: BUMB JEFF STREET ADDRESS: 1340 DAYDREAM LN. CITY-ST-ZIP: ASTOR FL 32102	☒ Change ☐ Addition
TITLE: AJT NAME: LEESON, LARRY STREET ADDRESS: 1820 JUNGLE DEN RD. LOT 87 CITY-ST-ZIP: ASTOR FL 32102	☐ Delete	TITLE: JVCT NAME: JOHN WATSON STREET ADDRESS: 510 VANNOTTE RD CITY-ST-ZIP: PIERSON FL 32180	☒ Change ☐ Addition
TITLE: QM NAME: BLAIR, PAUL T STREET ADDRESS: PO BOX 492 CITY-ST-ZIP: ASTOR FL 32102	☐ Delete	TITLE: QM NAME: AYLES STEVE STREET ADDRESS: PO BOX 213 CITY-ST-ZIP: ASTOR FL	☒ Change ☐ Addition
TITLE: JVCT NAME: BUMB, JEFF STREET ADDRESS: 1365 BEVILLE ROAD CITY-ST-ZIP: S, DAYTONA FL 32119	☐ Delete	TITLE: Adj NAME: GEORGE WA. TAKER STREET ADDRESS: 2440 NE 115th AVE CITY-ST-ZIP: 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 #