

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 755453
1. Entity Name
**ALACHUA COUNTY POST NUMBER 2811 VETERANS OF
FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business
**1100 BLK WALDO ROAD
GAINESVILLE, FL 32602-7703 US**

Mailing Address
**P. O. BOX 703
GAINESVILLE, FL 32602 US**



01222006 No Chg-NP CR2E037 (*1/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6155207

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**POWERS, GARY L
1100 BLK N.E. WALDO ROAD
GAINESVILLE, FL 32602**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GINNER, EDWARD L. 3551 NW 19 PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T POWERS, GARY L 2229 SW 95 TERRACE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MACLEAN, DONALD A 3004 NE 18 DR. GAINESVILLE, FL 32609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000401448
02/02/06-80044-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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 registrar 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: GARY L. POWERS **GARY L. POWERS 1-23-06 352 376-7660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #