

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 755453**

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



**FILED  
Jan 12, 2007 8:00 am  
Secretary of State**

01-12-2007 90018 031 \*\*\*\*61.25

**Z0001344**



01102007 Chg-NP CR2E037 (12/06)

Principal Place of Business 1100 BLK WALDO ROAD GAINESVILLE, FL 32602-7703 US	Mailing Address P. O. BOX 703 GAINESVILLE, FL 32602 US		
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country		
Zip	Country		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POWERS, GARY L 1100 BLK N.E. WALDO ROAD GAINESVILLE, FL 32602		Name <i>Richard J. Lester</i> Street Address (P.O. Box Number is Not Acceptable) <i>14527 N.W. 59th DR.</i> City <i>Gainesville</i> Zip Code <i>32653</i>	
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: <i>Richard J. Lester</i>		DATE: <i>1-10-07</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	GINNER, EDWARD L. 3551 NW 19 PLACE GAINESVILLE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARROTT, Fred 8620 N.W. 13th ST #171 GAINESVILLE, FL 32653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POWERS, GARY L 2229 SW 95 TERRACE GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard J. Lester 14527 N.W. 59th DR. GAINESVILLE, FL 32653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MACLEAN, DONALD A 3004 NE 18 DR. GAINESVILLE, FL 32609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Richard J. Lester*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-07 376-7660**  
Date Daytime Phone #