,2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mailing Address

DOCUMENT #759134

Principal Place of Business

1. Entity Name LAKE MEMORIAL POST NO. 4705 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



FILED Aug 30, 2005 8:00 am Secretary of State

08-30-2005 90030 048 ****70.00

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2240 MARCELLA WAY P.O. BOX 490704 Leesburg, Fl 34749-0704		2240 MARCELLA WAY P.O. BOX 490704			, 0000400 3 .				
		LEESBURG, FL 34749-0	704						
2. Principal Place of Business		3. Mailing Address Welker QM.				i (U) DE (3600)	IZBII BIBLIS BIBZI BIBLI B		111
Suite, Apt. #, etc.		Suité, Apr. #, etc. 746 Royal Palm Ave		_	08122005 C	hg-NP	CR2E037 (10/	(03)	
City & State		City & State			4. FEI Number 59-614471	16		Applied I Not Appl	
Zip	Country	Zip 32\59-2342	Country		5. Certificate of St	tatus Desired	\$8.75 Fee Re	5 Additional	
6. Name and Address of Current Re			المالية		7. Name and Add	ress of New Re	*		
WILEY, JERRY 710 NUZUM STREET FRUITLAND PARK, FL 34731			Name Street Ac	Dillia ddress (P. His 1	M. J. Well O. Box Number is Roy 2 P	Ker Q Not Acceptable)			
			City				─ ■ Zir	Code	
			<u> </u>		Lake		<u> </u>	2159-27	342
	named entity submits this statement for ions of registered agent. William J. We		gistered office or	registered	d agent, or both, in	the State of Flori	ida. I am familiai	with, and a	ccept
	William J. We	1000					a,		
SIGNATURE.	Signature, typed or printed name of registered agent		legistered Agent signatu	ire required w	hen reinstating)		-26-05 DATE	·	-
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution.			5.00 May Be	Make check payable to Florida Department of State			
D	ue by September 7, 2005	Trust I dila Col	miodion,	U· ,	idded to Fees		a Dopulation	0, 0,0,0	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PUNTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #