## **2006 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT (AR)

## **DOCUMENT # 759134**

1. Entity Name

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



01-26-2006 90033 007 \*\*\*\*70.00

Jan 26, 2006 8:00 am Secretary of State

**FILED** 

Funcipal Place of business		Mailing Address							
2240 MARCELLA WAY P.O. BOX 490704 LEESBURG FL 34749-0704		WILLIAM J WELKER OM 746 ROYAL PALM AVE LADY LAKE FL 32159-2342			\$UUU\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
2. Principal Place of Business		3. Mailing Address			<b>         </b>	1261 61165 18121 11881		H <b>Bir</b> i Biri Riji II.	////III
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E037 (10/05)				
City & State		City & State			4. FEI Number 59-6144716				oplied For
Zip	Country	Zip	Country		5. Certificate of			\$8.75 Add	
	6. Name and Address of Current (	Registered Agent			7 Name and A	ddraes of No	W Registered	Fee Require	.a
	or Hambana products of Garrette	togiotorea Agent	Name	7. Name and Address of New Registered Agent					
WELKER, WILLIAM J 746 ROYAL PALM AVE LADY LAKE FL 32159-2342			Street A	Address (P.0	(P.O. Box Number is Not Acceptable)				
			City				F	Zip Cod	e
	named entity submits this statement for	the purpose of changing its re	egistered office o	or registered	agent, or both,	in the State o	f Florida. I ar	n familiar with,	and accept
( the obligat	ions of registered agent.			$\overline{}$					
SIGNATURE	1 360 - 5	-) ( ) b	(	MI W	<b>.</b> .		1-19-	06	
SIGNATIONE	Signature, typed or printed name of registered agent a	of title if applicable (NOTE:	Registered Agent signal	iture required wh	nen reinstating)		DATE	~ ~	
	FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Camp Trust Fund Co			55.00 May Be dded to Fees			ck Payable irtment of :	
10.	OFFICERS AND DIR	ECTORS	11.		DITIONS/CHA	IGES TO OFF	ICERS AND	DIRECTORS IN	J 10
TITLE	P	Delete	TITLE	tres	ident			☐ Change	Addition
NAME CYDEST ADDRESS	WILEY, JERRY 710 NUZUM STREET	• •	NAME	Ger	919e D. 1 423 Cr	-eu15	•		<i></i>
STREET ADDRESS CITY-ST-ZIP	FRUITLAND PARK FL 34731-2054		STREET ADDRESS CITY-ST-ZIP	351	42,3 Cr	escen	t_pr.,	5.44.5 C.	
TITLE	D	☐ Delete	TITLE	ra	<del>-11   2 n</del> .	g book	<del>,                                    </del>	<b>34/3</b> ☐ Change	Addition
NAME	MACDONALD, CLIFF R	LT Delete	NAME					□1 cuande	Addition
STREET ADDRESS	PO BOX 662		STREET ADDRESS						
CITY-ST-ZIP	LADY LAKE FL 32158-0662		CITY-ST-ZIP			~ - <i>.</i>			<u> </u>
TITLE	D	☐ Delete	TITLE					Change	Addition
NAME	DUNLAP, MARTIN W		NAME						
STREET ADDRESS CITY-ST-ZIP	603 COLLEGE AVE FRUITLAND PARK FL 34931-2317		STREET ADDRESS						
<del></del>	TD		CITY-ST-ZIP	ļ					
TITLE NAME	WELKER, WILLIAM J.	☐ Delete	,TITLE NAME					Change	Addition
STREET ADDRESS	746 ROYAL PALM AVE.		STREET ADDRESS						
CITY-ST-ZIP	LADY LAKE FL 32159-23	342	CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE	<u> </u>				☐ Change	Addition
NAME	FORTIN, ROBERT D		NAME						
STREET ADDRESS	33648 PICCIOLA DR		STREET ADDRESS						
CITY-ST-ZIP	FRUITLAND PARK FL 34731-6115		CITY-ST-ZIP						
TITLE	SD	☐ Delete	TITLE					☐ Change	Addition
NAME	WENIG, ALBERT J		NAME						
STREET ADDRESS	16731 S.E. 155TH AVE		STREET ADDRESS						
CITY-ST-ZIP	WEIRSDALE FL 32195-3141		CITY-ST-ZIP	1					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

352-753-5839