

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90073 032 *****70.00

DOCUMENT # 759134 1. Entity Name LAKE MEMORIAL POST NO. 4705 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 2240 MARCELLA WAY P.O. BOX 490704 LEESBURG FL 34749-0704				Mailing Address WILLIAM J WELKER QM 746 ROYAL PALM AVE LADY LAKE FL 32159-2342	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-6144716				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/06)	
6. Name and Address of Current Registered Agent WELKER, WILLIAM J 746 ROYAL PALM AVE LADY LAKE FL 32159-2342				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>William J. Welker</i></u> William J. Welker <u>1-19-07</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, GEORGE D 35423 CRESCENT DR FRUITLAND PARK FL 34731-2054	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lewis, George D. 35423 Crescent Dr. Fruitland Park, FL 34731-2054	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, CLIFF R PO BOX 662 LADY LAKE FL 32158-0662	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MacDonald, Cliff R. 1915 C25teen Rd. Leesburg, FL 34748	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNLAP, MARTIN W 603 COLLEGE AVE FRUITLAND PARK FL 34931-2317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELKER, WILLIAM J. 746 ROYAL PALM AVE. LADY LAKE FL 32159-2342	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTIN, ROBERT D 33648 PICCIOLA DR FRUITLAND PARK FL 34731-6115	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WENIG, ALBERT J 16731 S.E. 155TH AVE WEIRSDALE FL 32195-3141	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President P-Bowling, Fredrick L. 527 Chulz Vista Ave. Lady Lake, FL 32159-5685	☐ Change ☒ Addition
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: <u><i>William J. Welker</i></u> TD 352-753-5839 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					