2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760979

FILED Jan 12, 2006 Secretary of State

Entity Name: MT. PLYMOUTH POST NO. 10474 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
O. BOX:	232 ГО, FL 32776	US				
Current Mailing Address:			New Mailing Address:			
O. BOX :	232 ГО, FL 32776	US				
El Number:	: 59-2029833	FEI Number Applied For()	FEI Number Not Applic	cable ()	Certificate of Status De	esired ()
ame and	Address of C	urrent Registered Agent:	Name and A	Address of N	New Registered Age	nt:
27 HILLSI	NN, DWAYNE ROUGH DR FO, FL 32776	US				
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its	s registered o	office or registered ago	ent, or bo
the State	e of Florida.	ubmits this statement for the p	ourpose of changing its	s registered o	office or registered ago	ent, or bo
the State	e of Florida. RE:	ubmits this statement for the p		s registered o	office or registered ago Date	ent, or bo
the State	e of Florida. RE:	c Signature of Registered Ag	ent			
the State IGNATUF FFICERS tle: ame: ddress:	e of Florida. RE: Electroni S AND DIRECT	c Signature of Registered Agr ORS: Delete M	ent	S/CHANGES	Date	
the State	e of Florida. RE: Electroni S AND DIRECT P () HIGHT, TOMMY 25636 ABERDO' SORRENTO, FL	c Signature of Registered Agr ORS: Delete M VEY AVE Delete	ent ADDITIONS Title: Name: Address:	S/CHANGES	Date TO OFFICERS AND	
the State IGNATUF FFICERS ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electroni S AND DIRECT P () HIGHT, TOMMY 25636 ABERDO' SORRENTO, FL D () BULL, JOHN E 930 NORMAN DI MOUNT DORA, F	c Signature of Registered Agr ORS: Delete M VEY AVE Delete RIVE FL 32757 Delete D P VE.	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address:	S/CHANGES	Date TO OFFICERS AND) Change () Addition Change () Addition Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY M HIGHT COMM 01/12/2006