2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 761287

1. Entity Name

SILVER SPRINGS, POST NO. 10111 VETERANS OF FOREI GN WARS OF THE UNITED STATES, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90530 040 ****61.25

Principal Place	e of Business			g Address E 35TH ST	•								
90 BOX 421 SILVER SPRGS FL 32688			PO BO	PO BOX 421 SILVER SPRGS FL 34489									
2. Principal Place of Business			3. Mail	3. Mailing Address									
Suite, Apt.	#, etc.		Su	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Stat	te		Cit	City & State				4. FEI Number 51-0205342				oplied For Not Applicable	-
Zip		Country	Zip)	Cour	ntry	5. Certi	5. Certificate of Status Desired				B.75 Additional e Required	
6. Name and Address of Current			t Registere	d Agent		7. Name and Address of New R				Registered Agent]
						Name							-
Burke, Howard L 12550 SW 43RD ST RD					İ	Street Addres	s (P.O. Box N	lumber is N	ot Acceptab	le)			
OCALA F	L 34481					-							l
					1	City				FI	Zip Co	de	1
	named entity tions of registe	submits this statement fered agent.	for the purp	ose of changing its	registere	d office or regis	tered agent,	or both, in t	he State of F	lorida. † am	familiar with	, and accept	
SIGNATURE		or printed name of registered agen	nt and title if appl	icable (NOTE	F: Registered	Agent signature requ	ired when reinstat	ina)		DATE	· · · · ·		ļ
						- Sam organization respe		····s/					1
FILE NOW: FEE IS \$61.25]
	FILE NOW:	FEE IS \$61.25		9. Election Can Trust Fund C		• —	\$5.00 Added to				k Payable		
	FILE NOW:		IRECTORS			• —	Added to	Fees	Flor	ida Depa	rtment of	State	
10.		FEE IS \$61.25	IRECTORS	Trust Fund C	Contributio	• —	Added to	Fees	Flor	ida Depa	rtment of	State N 10	3
	FILE NOW:	OFFICERS AND D	IRECTORS		Ontributio	on.	Added to	Fees	Flor	ida Depa	rtment of	State	10000
10.	CD BURKE, HO	OFFICERS AND D	PIRECTORS	Trust Fund C	11. TITLE NAME	on.	Added to	Fees	Flor	ida Depa	rtment of	State N 10	(00/07)
10. TITLE NAME	CD BURKE, HO	OFFICERS AND D DWARD L 43RD STREET RD	PIRECTORS	Trust Fund C	11. TITLE NAME STREE	on.	Added to	Fees	Flor	ida Depa	rtment of	State N 10	(00/07) (00/07)
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BURKE, HO 12550 SW OCALA FL VD LIVELY, GA	OFFICERS AND D WARD L 43RD STREET RD 34481	IRECTORS	Trust Fund C	11. TITLE NAME STREE	T ADDRESS ST-ZIP	Added to	Fees	Flor	ida Depa	rtment of	State N 10 Addition	200000000000000000000000000000000000000
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12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP