

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 12 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10092006 REIN-NP CR2E099 (11/05)

<b>DOCUMENT # 766150</b>		
1. Entity Name <b>CARL F. FLETCHER POST NO. 4945, VETERANS OF FOREREIGN WARS OF THE UNITED STATES, INC.</b>		
Principal Place of Business <b>VFW OF THE UNITED STATES, INC. 231 EAST LAKE AVENUE AUBURNDALE, FL 33823</b>		Mailing Address <b>VFW OF THE UNITED STATES, INC. 231 EAST LAKE AVENUE AUBURNDALE, FL 33823</b>
2. Principal Place of Business <b>VFW OF THE UNITED STATES</b> Suite, Apt. #, etc. <b>231 E LAKE AVE</b> City & State <b>AUBURNDALE FLORIDA</b> Zip <b>33823</b>		3. Mailing Address <b>VFW OF THE UNITED STATES</b> Suite, Apt. #, etc. <b>231 E LAKE AVE</b> City & State <b>AUBURNDALE FLORIDA</b> Zip <b>33823</b>
4. FEI Number <b>59-6162519</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MARTIN, ALFRED L CMDR 231 EAST LAKE AVENUE AUBURNDALE, FL 33823</b>	7. Name and Address of New Registered Agent Name <b>ALFRED L MARTIN CMDR</b> Street Address (P.O. Box Number is Not Acceptable) <b>3710 OLD TAMPA HWY LOT#2</b> City <b>LAKELAND</b> FL Zip Code <b>33811</b>
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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: **ALFRED L MARTIN** DATE: **10-6-06**

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CMDR MARTIN, AL 514 LEMON STREET AUBURNDALE, FL 33823</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CMDR MARTIN, AL 3710 OLD TAMPA HWY LOT#2 LAKELAND FLORIDA 33811</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>QD GADDIS, JOHNNIE L 538 ARNESON AVE AUBURNDALE, FL 33823</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1000000770111 10/12/06--01020--005**\$61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVC CONNER, DENNIS 104 ORANGE AVENUE WINTER HAVEN, FL 33880</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVC RODRIGUEZ, ERNEST 1207 LYNN AVE AUBURNDALE FLORIDA 33823</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DICKERSON, FRED 406 VIA DE SOL DAVENPORT, FL 338376625</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUSTEE BRIGHAM, GEORGE 516 BLUFF DR AUBURNDALE FLORIDA. 33823</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CATO, GEORGE 315 LOOKOUT CIR DADE CITY, FL 33523</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUSTEE CORTS, ALTON 4805 COUNTRY TRAILS DR POLK CITY FLORIDA. 33868</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CORBITT, RALPH 409 ANDERSON RD DADE CITY, FL 33523</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUSTEE NEWBERRY, OTTO 136 PARADISE LN AUBURNDALE FLORIDA 33823</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **JOHNNIE L GADDIS** DATE: **10/9/2006 (863) 967-1801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/17aw