

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

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90077 018 \*\*\*\*61.25



CHECK HERE IF MAKING CHANGES

**DOCUMENT # 766150**

1. Entity Name  
**CARL F. FLETCHER POST NO. 4945, VETERANS OF FORE  
REIGN WARS OF THE UNITED STATES, INC.**

|  |   |
|--|---|
| Principal Place of Business<br><b>VFW OF THE UNITED STATES, INC.<br/>231 EAST LAKE AVENUE<br/>AUBURNDALF, FL 33823</b> | Mailing Address<br><b>VFW OF THE UNITED STATES, INC.<br/>231 EAST LAKE AVENUE<br/>AUBURNDALE FL 33823</b> |
|--|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

|              |              |                                 |  |
|--------------|--------------|---------------------------------|--|
| City & State | City & State | 4. FEI Number <b>59-6162519</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                             | Country  |

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORTS, ALTON B CMBR  
231 EAST LAKE AVENUE  
AUBURNDALE FL 33823**

7. Name and Address of New Registered Agent

Name **MARTIN, AL CMR**  
Street Address (P.O. Box Number is Not Acceptable)  
**231 EAST LAKE AVENUE**  
City **AUBURNDALE** FL Zip Code **33823**

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* **Alfred L. MARTIN** **02-03-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW: FEE IS \$61.25**

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                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD<br/>CORTS, ALTON D<br/>600 AIN ST.<br/>AUBURNDALE FL 33823</b> <input checked="" type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>QD<br/>GADDIS, JOHNNIE L<br/>538 ARNESON AVE<br/>AUBURNDALE FL 33823</b> <input type="checkbox"/> Delete                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SVC<br/>BROWN, RICHARD<br/>122 LAKESIDE DRIVE<br/>WINTER HAVEN FL 33880-1227</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>DICKERSON, FRED<br/>406 VIA DE SOL<br/>DAVENPORT FL 33837-6625</b> <input checked="" type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>MARTIN, ALFRED L<br/>514 LEMON STREET<br/>AUBURNDALE FL 33823</b> <input checked="" type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>HERBERT, KELLEY A<br/>449 GULF STREAM DRIVE<br/>WINTER HAVEN FL 33881</b> <input type="checkbox"/> Delete             |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>CMR<br/>MARTIN AL<br/>514 LEMON ST<br/>AUBURNDALE FL 33823</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>SR VICE CMR<br/>CONNER, BENNIS<br/>104 ORANGE AVE<br/>WINTER HAVEN FL 33880</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T<br/>DEAN JC<br/>2650 THELMA DR<br/>WINTER HAVEN FL 33881</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                  |

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Johnnie L Gaddis* **JOHNNIE L GADDIS** **02/03/03** **967-1801**  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)