

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02943

FILED
Jan 09, 2006
Secretary of State

Entity Name: CHARLES J. TAYLOR POST NO. 4360 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

217 ALEMEDA DR.
PALM SPRINGS, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

217 ALEMEDA DR.
PALM SPRINGS, FL 33461 US

New Mailing Address:

FEI Number: 23-7068024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, EDWARD R Q.M
3788 MIL POND COURT
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

HOLST, PHILIP E Q.M
229 PINE HOV CIRCLE #D1
GREENACRES, FL 33463 US

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.

SIGNATURE: PHILIP E. HOLST

01/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HOLST, PHILIP E
Address: 229 PINE HOV CIRCLE D1
City-St-Zip: LAKE WORTH, FL 33463

Title: DV () Delete
Name: TOPPI, RICHARD J
Address: 250 PONCE DELEON STREET
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: PD () Delete
Name: DYKES, CHARLES W
Address: 7701 STONE HARBOR DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: STD () Delete
Name: SMITH, EDWARD R
Address: 3788 MIL POND COURT
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: QM (X) Change () Addition
Name: HOLST, PHILIP E
Address: 229 PINE HOV CIRCLE D1
City-St-Zip: LAKE WORTH, FL 33463

Title: DV (X) Change () Addition
Name: NOLL, JOHN A
Address: 1102 FLORENCE RD
City-St-Zip: LANTANA, FL 33462

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: SNOW, MICHAEL
Address: 5425 CLUB CIRCLE
City-St-Zip: HAVERHILL, FL 33415

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: PHILIP E. HOLST

QM

01/09/2006

Electronic Signature of Signing Officer or Director

Date