2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: .

DOCUMENT # N03000004204 FILED THE MEN'S AUXILIARY UNIT OF THE GREATER 05 OCT 14 PM 3: 39 BEACHES POST 3270, VETERANS OF FOREIGN WARS OF THE UNITE SLUMI, PART OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 915 8TH AVENUE SOUTH 915 8TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 2. Principal Place of Business 3. Mailing Address 09162005 Chg:NR : 5 CR2E037 (40/03) C Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 16-1680987 City & State City & State Not Applicable Country \$8.75 Additional Žip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'NEILL, KAREN B Street Address (P.O. Box Number is Not Acceptable) 1009 21ST STREET NORTH JACKSONVILLE BEACH, FL 32250 Zip Code City FL 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 . (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Trust Fund Contribution. Florida Department of State Due by October 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Trustee - Director Change Delete TITLE TITLE MATHIS, HAROLD G NAME NAME **300060628863** 10/14/05--01058--009 **61.25 2140 FEATHERWOOD DRIVE W STREET ADDRESS STREET ADDRESS ATLANTIC BEACH, FL 32233 CITY-ST-ZIP CiTY-ST-ZIP TD ☐ Change Addition TITLE ☐ Delete FITLE STONE, KIRK L NAME 929 12TH STREET NORTH STREET ADDRESS STREET ADDRESS CITY+ST-ZIP JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP PD MILE ☐ Delete TITLE ☐ Addition SULLIVAN, NORMAN NAME NAME 2077 CORONA COURT STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32224_ CITY - ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition BARKER, MICHAEL W.JR. NAME NAME 1103 SEABREEZE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP SD ☐ Defete TITLE ☐ Change ☐ Addition TITLE **BUYDASZ, STEVE** NAME NAME STREET ADDRESS 712 9TH STREET SOUTH STREET ADDRESS JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Addition TITLE JOHNSON, GERALD NAME NAME 203 BAY STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEPTUNE BEACH, FL 32266 CITY-ST-ZIP 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR D