


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90093 008 ****61.25

DOCUMENT # N03000010505		
1. Entity Name DEPARTMENT OF FLORIDA, VETERANS OF FOREIGN WARS, FOUNDATION, INC.		

Principal Place of Business 2945 NE 3RD ST. SUITE 203-204 OCALA, FL 34470 US	Mailing Address 2945 NE 3RD ST SUITE 203-204 OCALA, FL 34470 US
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60025119



2. Principal Place of Business - No P.O. Box # 543 NE SANCHEZ AVE	3. Mailing Address 543 NE SANCHEZ AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02272007 Chg-NP CR2E037 (12/06)

City & State	City & State
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4. FEI Number 55-0854578	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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BACHAND, WAYNE B 2945 NE 3RD ST SUITE 203-204 OCALA, FL 34470	Name Street Address (P.O. Box Number is Not Acceptable) 543 NE SANCHEZ AVE City FL Zip Code
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HALL, A. E. GENE McDERMOTT, JACK 2455 ELBOW RD ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 543 NE SANCHEZ AVE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SHEPHERD, ROBERT HARRIS, DAVE 1895 W. BELGRADE DRIVE GIBRUS SPRINGS, FL 34434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 543 NE SANCHEZ AVE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BACHAND, WAYNE B 2945 NE 3RD ST., SUITE 203-204 OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 543 NE SANCHEZ AVE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 empowerments.

SIGNATURE	3-15-07	352-622-5126
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