

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90387 029 ****61.25

DOCUMENT # N03000010624

1. Entity Name

**MEN'S AUXILIARY WEST ORANGE POST NO. 4305
VETERANS OF FOREIGN WARS OF THE UNITED**



Principal Place of Business

1170 EAST PLANT ST.
WINTER GARDEN FL 34787

Mailing Address

P. O. BOX 770456
WINTER GARDEN FL 34777-0456

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. BOX 292

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCOE, FL

Zip

Country

Zip

Country

34761

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, DAVID A
219 N. HIGHLAND AVE.
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name

JAMES NELSON

Street Address (P.O. Box Number is Not Acceptable)

934 WOODSON HAMMOCK CIR

City

WINTER GARDEN

FL

Zip Code

34787

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

James A. Nelson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/07

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
P	BROOKS, SCOTT	7037 SAWMILL CIR	OCOE FL 34761	
T	LACY, LONNIE H	617 EAST COLONIAL DR.	ORLANDO FL 32803	<input checked="" type="checkbox"/> Delete
SR.V	ARNOLD, WESLEY	22200 DEWEY ROBBINS RD	HOWEY IN THE HILLS FL 37437	<input checked="" type="checkbox"/> Delete
3YTR	JACKSON, GLEN	14102 LK. TILDEN BL	WINTER GARDEN FL	<input checked="" type="checkbox"/> Delete
1YTR	MILLER, TERRY	P.O. BOX 770456	WINTER GARDEN FL 34777	<input checked="" type="checkbox"/> Delete
2YTR	RILES, HOWARD	1931 SECTION DR.	APOPKA FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	TERRY MILLER	P.O. BOX 691	ZELLWOOD, FL 32798	
TREAS.	GILBERT BUCHTEL	6106 FOX HUNT TR	ORLANDO, FL 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SY	BRENT ARMSTRONG	730 PARK AVE APT B	WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3YTR	LAWRENCE CABRALES	200 LEE ST	OCOE, FL. 32802	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1YTR	WESLEY ARNOLD	22200 DEWEY ROBBINS RD	HOWEY IN HILLS, FL 37437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2YTR	ERNIE KEILER		WINTER GARDEN FL 34787	<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 exemptions contained in Section 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:

Gilbert Buchtel

Signature and typed or printed name of signing officer or director

March 1, 07

407-293-4443