

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2005
Secretary of State**

DOCUMENT# N03334

Entity Name: GREEN COVE SPRINGS POST NO. 1988 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

421 S ORANGE AVE
P.O. BOX 883
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

421 S ORANGE AVE
P.O. BOX 883
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 59-6162480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULT, DONALD
421 S ORANGE AVE
P.O. BOX 883
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHITTEN, VIRGIL
Address: 421 S. ORANGE AVE.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: ARMSTRONG, RON
Address: 421 S. ORANGE AVE.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DSV () Delete
Name: AVCLAIR, NANCY
Address: 421 S. ORANGE AVE
City-St-Zip: GREEN COVE SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BULT, DON
Address: 421 S. ORANGE AVE.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DON BULT

Electronic Signature of Signing Officer or Director

QM

04/26/2005

Date