

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03334

FILED  
Apr 25, 2006  
Secretary of State

**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:**

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

04/25/2006

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

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

Title: DSV (X) Change ( ) Addition  
Name: SMITH, MIKE  
Address: 421 S. ORANGE AVE  
City-St-Zip: GREEN COVE SPRINGS, FL

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: ROGER MANNING

D

04/25/2006

Electronic Signature of Signing Officer or Director

Date