2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002354

Apr 27, 2006 Secretary of State

Entity Name: VETERANS OF FOREIGN WARS POST 1005 INC.

Current Principal Place of Business: New Principal Place of Business:

555 BALCOM TERRACE SE 6165 BABCOCK ST. SE PALM BAY, FL 32909

UNIT 2

PALM BAY, FL 32909

Current Mailing Address: New Mailing Address:

6165 BABCOCK ST SE 6165 BABCOCK ST SE UNIT 2

UNIT 142

PALM BAY, FL 32909 PALM BAY, FL 32909

FEI Number: 59-3484825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZUZIO, JOSEPH PODHOLA, DUANE D 555 BÁLCOM TERRACE SE 243 BRIGHTWATER DR. SE

PALM BAY, FL 32909 PALM BAY, FL 32909

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: DUANE D. PODHOLA 04/27/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

GRUNENWALD, CHARLES

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

GRUNENWALD, CHARLES F

(X) Change () Addition () Delete ZUZIO. JOSEPH PODHOLA, DUANE D Name: Name:

555 BALCOM TERRACE SE Address: 243 BRIGHTWATER DR. SE Address: City-St-Zip: PALM BAY, FL 32909 City-St-Zip: PALM BAY, FL 32909

(X) Change () Addition Title: VD () Delete Title: VD

WRIGHT, CLIFFORD Name: ORTIZ, ANDRES Name: Address: 594 COTTONWOOD RD Address: 1806 GLENWOOD ST. NE City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: PALM BAY, FL 32907

Title: () Delete Title: (X) Change () Addition FRETTWELL, LARRY HOLSTEIN, FREDERICK P Name: Name: 4150 S. U.S. HIGHWAY 1 Address: 1717 PARSBORRO ST NW Address:

City-St-Zip: PALM BAY, FL 32907 City-St-Zip: GRANT, FL 32949 Title: SD () Delete Title: SD (X) Change () Addition

295 SAUNDERS RD SE Address: Address: 295 SAUNDERS RD SE City-St-Zip: PALM BAY, FL 32909 City-St-Zip: PALM BAY, FL 32909

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.

Name:

SIGNATURE: DUANE D. PODHOLA PD 04/27/2006