

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90080 005 ****61.25

DOCUMENT # N04844

1. Entity Name

GILLEY, LONG, OSTEEN POST NO. 8698 VETERANS
OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business

Mailing Address

520 E HWY 40
INGLIS FL 34449

P.O. BOX 241
INGLIS FL 34449

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0226015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIZZ, ELMER
8130 SE 153RD ST INGLIS
INGLIS FL 34449

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME P
STREET ADDRESS FIZZ, ELMER K
CITY - ST - ZIP 8130 SE 153RD ST
INGLIS FL 34449

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS GIBERT, TONY
CITY - ST - ZIP 132 GLADYS AVE
INGLIS FL 34449

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS FREYMAN, RUDY
CITY - ST - ZIP P.O. BOX 84
YANKEETOWN FL 34498

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS David S Addison
CITY - ST - ZIP 272 GLADYS AVE
INGLIS FL 34449

TITLE ☐ Delete
NAME D
STREET ADDRESS TORRES, JOE
CITY - ST - ZIP 44 SAPP ST
INGLIS FL 34449

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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: *Joe Torres*

2-14-06-352-447-3495