2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006
Secretary of State

DOCUMENT# N06215

Entity Name: SOUTH ST. PETERSBURG POST NO. 10174 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

1780-49 ST. S.
ST. PETERSBURG, FL 33707 US

New Principal Place of Business:

Current Mailing Address:

1780-49 ST. S.
ST. PETERSBURG, FL 33707

New Mailing Address:

FEI Number: 59-6156233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, CLARENCE H T
4350 TUNA DR. SE
ST. PETERSBURG, FL 33705 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: S ( ) Delete
Name: NORRIS, MALLOY
Address: 2208 SUNRISE DR SE
City-St-Zip: ST PETERSBURG, FL 33705

Title: P ( ) Delete
Name: HAZELY SR., CLARK
Address: 6881 19ST S
City-St-Zip: ST. PETERSBURG, FL 33712

Title: T ( ) Delete
Name: NELSON, CLARENCE H
Address: 4350 TUNA DR. SE
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: TOMMY, TEAL L
Address: 1647 60TH AVE S
City-St-Zip: ST PETERSBURG, FL 33712

Title: P (X) Change ( ) Addition
Name: LE SHORE, EUGENE
Address: 5143 EMERSON AVE. S
City-St-Zip: ST. PETERSBURG, FL 33707

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 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: CLARENCE H. NELSON T 02/15/2006

Electronic Signature of Signing Officer or Director — Date