

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90038 032 ****70.00



DOCUMENT # N23779

1. Entity Name

DISTRICT FIVE, DEPARTMENT OF FLORIDA VETERANS
OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

C/O FRANCISCO FRANCES
PO BOX 245
HOMESTEAD FL 33090

Mailing Address

C/O FRANCISCO FRANCES
PO BOX 245
HOMESTEAD FL 33090
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/04)

City & State

City & State

4. FEI Number

23-7145191

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRANCEES, FRANCISCO
1114 SE 13TH TERRACE
HOMESTEAD FL 33035

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 *Francisco Francees*

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

Francisco Francees

(NOTE: Registered Agent signature required when reinstating)

9 Aug 2005

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	UHRIEH, JR., JOHN	
STREET ADDRESS	15820 SW 88TH AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FRANCEES, FRANCISCO	
STREET ADDRESS	1114 SE 13TH TERRACE	
CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	GOLDEN, NERL	
STREET ADDRESS	315 SOUND DR	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM P. MARCOULIER	
STREET ADDRESS	28600 S.W. 132 AVE LOT 282	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM BLAKE	
STREET ADDRESS	10500 SW 103 AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Francisco Francees* FRANCISCO FRANCES *9 Aug 2005* **CELL 305-815-6785**
305-246-4801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day (m) Phone #