

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N24445**

1. Entity Name  
FAIRWAYS POST NO. 5046 VETERANS OF FOREIGN  
WARS OF THE UNITED STATES, INC.



Principal Place of Business  
2149 PEBBLE BEACH BLVD  
ORLANDO, FL 32826 US

Mailing Address  
2149 PEBBLE BEACH BLVD  
ORLANDO, FL 32826 US

**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
59-2854556

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PALUMBO, JOHN  
2018 PORT MARNOCK LANE  
ORLANDO, FL 32826-5221

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
JOHNSON, ROBERT  
2067 MERION DR  
ORLANDO, FL 32826

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
PALUMBO, JOHN  
2018 PORT MARNOCK LANE  
ORLANDO, FL 32826

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

U00000621772  
02/12/07-80030-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN. 25, 2007 407-249-7910**

Date

Daytime Phone #