2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N25792 1. Entity Name POST NAME ROLLING GREENS POST NO. 2009						Secretary of State			
VETERAN	S OF FOREIGN WARS OF	THE UN	VITED						
Principal Place	e of Business	Mailin	Mailing Address			4			
ROLLING GREENS CLUB HOUSE W GLENEAGLES OCALA FL 34472 US		P.O. BOX 831054 ROLLING GREENS OCALA FL 34483-1054 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt #, etc.				MOORE CR2E037 (11/03)			
City & State		City & State				4. FEI Number			
Zip	Country		Zip		ntry	5. Certificate of Sta	atus Desired	\$8.75 Addi Fee Required	
	6. Name and Address of Currer	nt Register	ed Agent		Name	7. Name and Add	ess of New Registered	i Agent	
ASH	I, HARRY			***************************************		(P.O. Box Number is N	lot Acceptable)		
6896	SA HOLYOKE CT ALA FL 34472				Street states (1.2. East) street in state and street in				
					City	FL Zip Code			
	named entity submits this statement ions of registered agent.							<u> </u>	and accept
•	Signature, typed or printed name of registored age	ent and title if ap			d Agent signature require	id when reinstalling)		×	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004			Section Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make Che Florida Depa	ck Payable artment of S	
10.	OFFICERS AND I	DIRECTORS		. 11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANG	S TO OFFICERS AND		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D RUYSBROEK, JOHN 6512 D ŁAKEWOOD DR. OCALA FL		☐ Detete		{	02/C	(00000034487 (5/04-80085-0)	□ Change 11 61.25	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOICE, CHARLES 1809 CYPRESS PT RD OCALA FL 34472		□ Delete		1			Change	☐ Addition
Title Name Street Adoress City-St-Zip	D ASH, HARRY 6896A HOLYOKE CT OCALA FL 34472		☐ Defets		}			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Delete		}			☐ Change	☐ Addition
THILE NAME STREET ADDRESS GITY - ST - ZIP			☐ Delete		1		-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Delete	CATY	ET ADDRESS -ST-ZIP			☐ Change	Addition
andicated of the co	certify that the information supplied videon this report or supplemental report poration or the receiver or trustee er, or on an attachment with an address	rt is true and ripowered to	d accurate and that r o execute this report	my signa: t as requi	mption stated in 5 ture shall have the red by Chapter 6	Section 119.07(3)(i), Flaction 119.07(3)(i), Flaction 119.07(3)(ii), Florida Statutes, and 17, Florida Statutes, and 19.07(3)(iii), Florida Statutes, and 19.07(3)(iiii), Florida Statutes, and 19.07(3)(iiiii), Florida Statutes, and 19.07(3)(iiiiiiii), Florida Statutes, and 19.07(3)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	orida Statutes. I further if made under oath; tha id that my name appea	certify that the in t I am an officer rs in Block 10 o	of director or director of Block 11 if

FILED

SIGNATURE: Harry W. askam HARRY W. ASH 2/1/2004 352-624-1792