


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N26936	
1. Entity Name VETERANS' CLUB OF AMERICA, INC.	

Principal Place of Business ALBERTSON, JOHN 16701 SANCARLOS BLVD FT. MYERS, FL 33908 US	Mailing Address ALBERTSON, JOHN 16701 SANCARLOS BLVD FT. MYERS, FL 33908 US
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01162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2946502	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUNLOP, WAYNE 16701 SANCARLOS BLVD 5370 ESTERO BLVE FT MYERS, FL 33931
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NETZINGER, FLOYD 34 MCGREGOR BLVD. MHP FT. MYERS, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORN, EARL 12081 CYPRESS DR. S.W. FORT MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBERTSON, JOHN SR. 12070 CYPRESS DR. S.W. FORT MYERS, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUNLOP, WAYNE 5370 ESTERO BLVD FORT MYERS BEACH, FL 33931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANGBURN, ROBERT W 16 CIRCLE DR FORT MYERS, FL 33908	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

**DO NOT WRITE
IN THIS SPACE**

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01/30/06-ED0009-017 61.25

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: <u>Wayne Dunlop</u> Secretary	Date <u>1/18/06</u>	Daytime Phone # <u>466-3177</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

WAYNE DUNLOP - Secretary