## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 09, 2006 8:00 am DOCUMENT # N27330 **Secretary of State** 1. Entity Name 02-09-2006 90024 016 \*\*\*\*61.25 WILDWOOD POST NO. 4910 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC. Mailing Address Principal Place of Business WILDWOOD FLA IN WILDWOOD POST OFFICE BOX 151 OXFORD FL 34484 NO. PO BOX WILDWOOD FL 34785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 21/MOYE RODGER, KARL E 10720 N. 301 OXFORD FL 34484 C. R.118 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 FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE Change TITLE GILMORE, HUGH NAME NAME 4876 CR 118 STREET ADDRESS STREET ADDRESS WILDWOOD FL 34785 CITY-ST-7IP CITY-ST-ZIP WILDWOOD Addition ☐ Delete Change TITLE TITLE MONTNEY, ROBERT NAME NAME STREET ADDRESS 4855 CR 146 STREET ADDRESS WILDWOOD FL 34785 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition RODGER, KARL E NAME NAME STREET ADDRESS STREET ADDRESS 10780 N. 301 OXFORD FL 34484 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 indirect with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: Bugh Delmore, Hugh Gilmore 1-30.06 748244