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

SIGNATURE:

## Feb 02, 2005 8:00 am **Secretary of State** DOCUMENT # N30325 1. Entity Name 02-02-2005 90047 004 \*\*\*\*61.25 GIBSONIA-KATHLEEN POST 8002 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC. Principal Place of Business Mailing Address 9355 HS 98 N / P.O. BOX 328 KATHLEEN FL 33849 LAKELAND FL 33809 2. Principal Place of Business 3. Mailing Address 9398 US HYWY 98 N Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-2918931 LAKELAND Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROTHWELL, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 17 IMPERIAL DR N MULBERRY FL 33860 FL 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition TITLE TITLE ☐ Change Delete ROTHWELL, ROBERT E NAME 17 IMPERIAL DR N STREET ADDRESS STREET ADDRESS MULBERRY FL 33860 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE TRUSTY, DENNIS L NAME NAME 8105 N SOCRUM LOOP RD STREET ADDRESS STREET ADDRESS LAKELAND FL 33809 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NGRI, DENNIS M NAME NAME 2117 RANCHLAND RD STREET ADDRESS STREET ADDRESS LAKELAND FL 33809 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Delete TITLE KNOPE, JOHN NAME NAME 9411 BIG APPLE LN STREET ADDRESS STREET ADDRESS LAKELAND FL 33810 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Defete BROSIE, HAROLD NAME NAME 825 W SOCRUN LOOP RD STREET ADDRESS STREET ADDRESS LAKELAND FL 33809 CITY-ST-ZIP CITY-ST-71P TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Daytime Phone #