2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006
Secretary of State

DOCUMENT# N34354

Entity Name: WALTER R. MICKENS POST NUMBER 6021. VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

803 EMMA STREET
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 903
KEY WEST, FL 33040 US

New Mailing Address:

POST OFFICE BOX 903
KEY WEST, FL 33041 US

FEI Number: 59-6162528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARDSON, PAUL
913 TERRY LANE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RICHARDSON, PAUL
Address: 913 TERRY LANE
City-St-Zip: KEY WEST, FL 33040

Title: VD ( ) Delete
Name: JAMES, ROBERT L.
Address: 314 CATHERENE STREET
City-St-Zip: KEY WEST, FL

Title: TD ( ) Delete
Name: FISHER, ALVIN A
Address: 10-B FORT VILLAGE APTS.
City-St-Zip: KEY WEST, FL 33040

Title: S ( ) Delete
Name: PLANAS, JOSE,
Address: 711 OLIVIA STREET
City-St-Zip: KEY WEST, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L, JAMES VD 03/16/2006

Electronic Signature of Signing Officer or Director — Date