
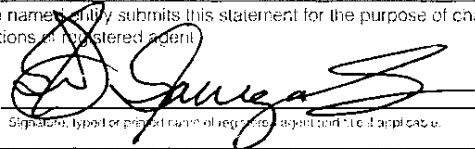


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 27, 2008 8:00 am
Secretary of State

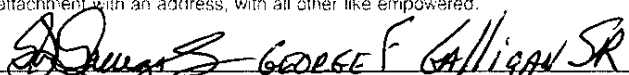
02-27-2008 90014 004 ****61.25

DOCUMENT # N39176					
1. Entity Name ANGELA S. SANTOS POST NO. 4781 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 9401 SW 110TH ST. OCALA FL 34481			Mailing Address 9401 SW 110TH ST. OCALA FL 34481		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2973791	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLIGAN, GEORGE F SR 9401 SW 110 ST OCALA FL 34481			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 the registered agent.					
SIGNATURE 		(NOTE: Registered Agent signature and trust when reinstating)		DATE 2/9/08	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	QMD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLIGAN, GEORGE F SR		NAME		
STREET ADDRESS	9401 SW 110TH ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34481		CITY-ST-ZIP		
TITLE	SVD	<input checked="" type="checkbox"/> Delete	TITLE	SVD Robert CAVENDER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELT, WILLIAM		NAME		
STREET ADDRESS	9401 SW 110TH ST		STREET ADDRESS	9401 SW 110th ST	
CITY-ST-ZIP	OCALA FL 34481		CITY-ST-ZIP	OCALA, FL 34481	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, RONALD J		NAME	MICHAEL CURRAN	
STREET ADDRESS	9401 SW 110TH ST		STREET ADDRESS	9401 SW 110th ST	
CITY-ST-ZIP	OCALA FL 34481		CITY-ST-ZIP	OCALA, FL 34481	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E037 (10/07)

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 address, with all other like empowered.

SIGNATURE:  GEORGE F GALLIGAN SR

V.F.W. POST 4781