2005 NOT-FOR-PROFIT CORPORATION

FILED Feb 02, 2005 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # N47204 1. Entity Name 02-02-2005 90074 007 ****61.25 CRESTVIEW, POST NO. 5450, VETERANS OF FOREIGN

WARS OF	F THE UNITED STATE	S, INC.	COD ST IT			
Principal Plac	ce of Business	Mailing Address	<u> </u>			
2240 W JAMES LEE BLVD CRESTVIEW FL 32536 US		2240 W JAMES LEE 8 CRESTVIEW FL 32536 US) MENNES BIJ BIBIJ (BEJE JIBIJ 4854) ONE BIBIJ	MSH SIBN BIBN BIBN BIBNI	li d i 1981
2. Principal Place of Business		3. Mailing Address	····			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/04)		
City & State		City & State		4. FEI Number 59-2898228	<u> </u>	lied For Applicable
Zip	· Country	Zíp	Country	5. Certificate of Status Desired	\$8.75 Addition	onal
	6. Name and Address of (Current Registered Agent		7. Name and Address of New Register	ed Agent	
			Name	MIAM JGLADE -	·	
BEIER, WILLIAM R 6023 DAIRY RD			ss (P.O. Box Number is Not Acceptable)	<u></u>		
BAKER FL 32531			2 778	S CEFE SING CK.	<u></u>	
					EL Zip Code	3/
	named entity submits this state tions of registered agent.	ement for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I	am familiar with, ar	nd accept
SIGNATURE	Signature, typed or printed name of registr	ered agant and title it applicable (NOT	E Registered Agent signature requ	ured when reinstating) DA	TE	
	FILE NOW: FEE IS \$61. Due By May 1, 2005		mpaign Financing Contribution.		eck Payable to partment of Sta	
10.	OFFICERS	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND		0
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12. 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 suppliemental 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 AND TYPED OR PROTTED NAME OF SIGNANG OFFICER OR DIRECTOR SIGNATURE: