


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

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90212 040 \*\*\*\*61.25

<b>DOCUMENT # N47943</b> 1. Entity Name <b>VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC. POST NO. 3349</b>					
Principal Place of Business <b>3201 REID STREET PALATKA FL 32177 US</b>			Mailing Address <b>P.O. BOX 218 PALATKA FL 32178 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HAESEKER, PHILIP N 1301 PRESIDENT ST PALATKA FL 32177</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CUSATO, EDWARD J 3201 REID STREET PALATKA FL 32177</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WILLIAM C. THOMPSON 123 KINGFISH AVE. PALATKA, FL 32177</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VPD LAURIE, ROBERT J 115 COVE RD. SATSUMA FL 32189</b>		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VPD JOHN W. TATUM 309 BENHAM ST. PALATKA, FL 32177</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VPD EWING, GERALD J 107 CHEFFEY RD. PALATKA FL 32177</b>		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T HAESEKER, PHILIP N 1301 PRESIDENT ST PALATKA FL 32177</b>		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP _____		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP _____		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP _____	
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 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.					
<b>SIGNATURE: <u>William C. Thompson</u> WILLIAM C. THOMPSON</b>				<b>2-22-05 386 328-2863</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	