2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N92000000098

16701 SW MORGAN ST.

INDIANTOWN, FL 34956

Address:

City-St-Zip:

FILED Apr 18, 2005 Secretary of State

Entity Name: RAYMOND E. DARLING VFW POST 6023, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 1320, MORGAN ROAD 16701 SW MORGAN STREET INDIANTOWN, FL 34956 INDIANTOWN, FL 34956 **Current Mailing Address: New Mailing Address:** 16701 SW 95TH STREET 16701 SW MORGAN STREET INDIANTOWN, FL 34956 INDIANTOWN, FL 34956 FEI Number: 59-6111356 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WITTENMYER, ERNEST WITTENMYER, ERNEST 15935 SW OSCEOLA ST. 16701 SW MORGAN STREET INDIANTOWN, FL 34956 US INDIANTOWN, FL 34956 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: ERNEST WITTENMYER 04/18/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MILLER, RALPH Name: Name: 16701 SW MORGAN ST. Address: Address: City-St-Zip: INDIANTOWN, FL 34956 City-St-Zip: Title: DS () Delete Title: DS (X) Change () Addition MCLAUGHLIN, ROY Name: Name: OLSEN, PAUL Address: 1424 SW JEFFERSON AVE. Address: 16701 SW MORGAN STREET City-St-Zip: INDIANTOWN, FL City-St-Zip: INDIANTOWN, FL 34956 Title: () Delete Title: (X) Change () Addition WITTENMYER, ERNEST Name: FRANK, MURPHY Name: 15935 OSCEOLA ST. 16701 SW MORGAN STREET Address: Address: City-St-Zip: INDIANTOWN, FL City-St-Zip: INDIANTOWN, FL 34956 Title: TD () Delete Title: TD (X) Change () Addition Name: STRIPLING, KEVIN Name: STRIPLING, KEVIN

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: PAUL OLSEN DS 04/18/2005

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