## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N92000000098

FILED Mar 15, 2007 Secretary of State

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

Current Principal Place of Business:			New Principal Place of Business:	
	MORGAN S WN, FL 349			
Current Mailing Address:		New Mailing Address:		
	MORGAN S WN, FL 349			
FEI Number:	: 59-6111356	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of	Current Registered Agent:	Name and Address	s of New Registered Agent:
16701 SW	YER, ERNES MORGAN S WN, FL 349	TREET		
		submits this statement for the	purpose of changing its registe	red office or registered agent, or both,
in the State	e of Florida.	submits this statement for the	purpose of changing its registe	red office or registered agent, or both,
in the State	e of Florida. ົ RE:	r submits this statement for the		red office or registered agent, or both,  Date
in the State	e of Florida. ົ RE:	onic Signature of Registered Aດູ	gent	
in the State SIGNATUF  OFFICER: Title: Name: Address:	e of Florida.  RE: Electro  S AND DIRE	onic Signature of Registered Acc CTORS: ) Delete PH DRGAN ST.	gent	Date
in the State	e of Florida.  RE:  Electro  S AND DIRECT  VD ( MILLER, RAL 16701 SW MO INDIANTOWN  DS ( OLSEN, PAUL	onic Signature of Registered Acceptage  CTORS:  ) Delete  PH  DRGAN ST.  , FL 34956  ) Delete  CRGAN STREET	gent  ADDITIONS/CHAN  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTOR
in the State SIGNATUF  OFFICERS  Title: Name: Address: City-St-Zip:  Title: Name: Address:	e of Florida.  RE:  Electro  S AND DIRECT  VD ( MILLER, RAL 16701 SW MG INDIANTOWN  DS ( OLSEN, PAUL 16701 SW MG INDIANTOWN  DP ( FRANK, MUR	onic Signature of Registered Acceptage CTORS:  ) Delete PH DRGAN ST. , FL 34956  ) Delete DRGAN STREET , FL 34956  ) Delete PHY DRGAN STREET	gent  ADDITIONS/CHAN  Title: Name: Address: City-St-Zip: Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition
in the State SIGNATUR  OFFICERS  Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	e of Florida.  RE:  Electro  S AND DIRECT  VD ( MILLER, RAL 16701 SW MG INDIANTOWN  DS ( OLSEN, PAUL 16701 SW MG INDIANTOWN  DP ( FRANK, MUR 16701 SW MG	onic Signature of Registered Acceptage CTORS:  ) Delete PH DRGAN ST. , FL 34956  ) Delete DRGAN STREET , FL 34956  ) Delete PHY DRGAN STREET	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GES TO  ( ) Cha

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: PAUL OLSEN DS 03/15/2007