## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # N93000003827 02-03-2006 90019 011 \*\*\*\*61.25 1. Entity Name GULF BREEZE POST NO. 4407, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC. Principal Place of Business Mailing Address 1783 ABERCRUMBIE RD 1783 ABERCRUMBIE RD **GULF BREEZE, FL 32563** US GULF BREEZE, FL 32563 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 02012006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number 59-3176093 Applied For City & State Not Applicable Ziρ Country \$8.75 Additional Zin Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALLADA ROGER C STROUSE, CHARLES L HALLADA 1769 ABERCROMBIE RD GULF BREEZE, FL 32561 Street Address (P.O. Box Number is Not Acceptable) GULF BRJEZE FL32563 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. 1 FEB 06 SIGNATURE (NOTE: Recustered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be À Trust Fund Contribution. Florida Department of State Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS ÃO. 11. CMDR D ACALA JESSE B Detete TITLE TITLE STRYKER, DENTON E NAME NAME 27,17 AUGUSTUS RD STREET ADDRESS 1903 ABERCROMBIE RD STREET ADDRESS GULF BREEZE, FL 32563 NAVARRE FL 32566 -71961 CITY-ST-7IP CITY-ST-ZIP TI'N E QMD Delete TITLE Change Addition HALLADA ROGER C ZAVITZ, GERALD W NAME NAME 3264 LANCEL DR STREET ADDRESS 1175 SOUTH HWY 97 STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32533 CITY-ST-ZIP GULF BRAGZEFL37513-5313 TITLE TITLE Change Addition Delete WALKER JAMES X O OWENS, HOWARD W NAME NAME 3230 CLEMSON RD STREET ADORESS 4370 CLAIR CT STREET ADDRESS CITY-ST-ZIP **GULF BREEZE, FL 32563** CITY-ST-ZIP GUY= BREEZE FL 32563-2710 ΠηΕ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-ZIP CITY-ST-ZIP TITE E ☐ Delete TITLE ☐ Change ■ Addition MANAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

**FILED** 

Feb 03, 2006 8:00 am