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

Entity Nam POST NA	MENT # N9600000744 ME: FEDHAVEN MEMORIAL NS OF FOREIGN WARS OF TH	POST NO: 7361		Fe	b 17, 2005 Secretary			
Principal Plac	e of Business	Mailing Address	·					
FEDHAVEN MEMORIAL POST 7361 P O		P O BOX 8772 FEDHAVEN FL 33854 US		1 3 7 7 7 1 1 1 1 1 1	HONNO BANIN BANIN BENIN BANIN BANIN BENIN BANIN BENIN BANIN BENIN BANIN	TUTT (#711 21811 818		
2. Principal Place of Business 3. N		. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MC	OORE CR2E03	7 (10/04)		
City & State		City & State		4. FEI Number 5	9-3219415	<u> </u>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of St		\$8.75 Addi Fee Required		
	6. Name and Address of Current Re	egistered Agent	Ne	7. Name and Add	ress of New Registered A	Agent		
OT OFFICE N. DOOFFI.			Name SAM	Name SAME				
ST. GERMAIN, ROGER L 2320 THOREAU DRIVE LAKE WALES FL 33853			Street Addres	s (P.O. Box Number is t	Not Acceptable)			
			City		FL	Zip Code	ad	
	e named entity submits this statement for tions of registered agent. Signature, typed or purised name of registered agent and		egistered office or regis		the State of Florida. I am	familiar with,	and accept	
	FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	= OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DI	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ST.GERMAIN, ROGER 2320 THOREAU DRIVE LAKE WALES FL 33898	□ Delete	FITLE NAME STREET ADDRESS CITY-ST-7IP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST- ZIP	P LAMBIASE, RICHARD 2501 ALCOTT DRIVE LAKE WALES FL 33898	☐ Delete	TITLE NAME STREET ADDRESS CITY: S1-ZIP	02/	000000232871 17/05-80021-01	□ Change 0 81.25	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCALES, JOHN P.O BOX 8747 FEDHAVEN FL 33854	□ Delete	TITLE NAME STREET ADDRESS CMY-ST-ZIP			☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAYMOND, ROBERT P.O BOX 8176 FEDHAVEN FL 33854	□ Delete	THEF NAME STREET ADDRESS CITY ST. 7IP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TURNER, RUSSELL 2306 HOLMES DRIVE LAKE WALES FL 33898	☐ Delete	TITLE NAME STREET AUDRESS CITY-ST-ZIP	_		☐ Change	☐ Addition	
TITLE	D	☐ Delete	TITLE			Change	Addition	

FILED

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.

SIGNATURE:

SIGNATURE:

14 FES 0 5 863-696-4486