## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 16, 2006 8:00 am Secretary of State DOCUMENT # N96000000744 1. Entity Name 03-16-2006 90241 042 \*\*\*\*61.25 POST NAME: FEDHAVEN MEMORIAL POST NO: 7361 VETERANS OF FOREIGN WARS OF THE UNITED Principal Place of Business Mailing Address 4000-FEDHAVEN MEMORIAL POST 7361 P O BOX 8772 FEDHAVEN FL 33854 FEDHAVEN FL 33854 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3219415 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ST. GERMAIN, ROGER L Street Address (P.O. Box Number is Not Acceptable) 2320 THOREAU DRIVE LAKE WALES FL 33853 Zip Code City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Defete TITLE Change ☐ Addition TITLE ST.GERMAIN, ROGER NAME NAME 2320 THOREAU DRIVE STREET ADDRESS STREET ADDRESS LAKE WALES FL 33898 CITY - ST - ZIP CITY-ST-ZIP TITLE Delete THLE ☐ Change ☐ Addition LAMBIASE, RICHARD NAME NAME 2501 ALCOTT DRIVE STREET ADDRESS STREET ADDRESS LAKE WALES FL 33898 CitY-S1-7(P CITY-ST-ZIP VΩ ☐ Defete TITLE Change ☐ Addition IIILE NAME SCALES, JOHN STREET ADDRESS P.O BOX 8747 STREET ADDRESS CHY-ST-7IP FEDHAVEN FL 33854 CITY-ST-ZIP THE Delete TITLE Change ■ Addition RAYMOND, ROBERT NAME NAME STREET ADDRESS P.O BOX 8176 STREET ADDRESS CITY-ST-ZIP FEDHAVEN FL 33854 CITY-ST-ZIP 🔀 Delete TITLE TITLE XI Change ☐ Addition CAVESE, JOHN TURNER, RUSSELL NAME NAME 1410 CHAMBERLAIN LOOP 2306 HOLMES DRIVE STREET ADDRESS STREET ADDRESS LAKE WALES FL 33898 LAKE WALES, FL 33853 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE · 🔲 Change Addition LOY, CLARANCE NAME STREET ADDRESS 2404 ALCOTT DRIVE STREET ADDRESS LAKE WALES FL 33898 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 ompowered 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 adversarial other like empowered.

SIGNATURE:

**FILED** 

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