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

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Feb 21, 2006 8:00 am **Secretary of State** DOCUMENT # N96000005969 1. Entity Name 02-21-2006 90031 024 ****61.25 ROTONDA POST 10476 VETERANS OF FOREIGN WARS OF THE UNITED STATES INC. Mailing Address Principal Place of Business 3725 CAPE HAZE DRIVE ROTONDA WEST FL 33947 3725 CAPE HAZE DRIVE **ROTONDA WEST FL 33947** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 65-0342044 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOSEPH L. GIUNTO MOHLER, CHARLES F 196 ANNAPOLIS LANE ROTONDA FL 33947 CADDY Zip Code 37947 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida. I am familiar with, and accept the obligations of registered agen 2-9-06 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete COMMANDER Change ☐ Addition TITLE DURHAM, LEONARD NAME NAME JERRY PAUGHT 11 OAKLAND HIELS PL STREET ADDRESS STREET ADDRESS ROTANDA FL 33947 NORTH PORT FL. CITY-ST-ZIP CITY-ST-ZIP Delete TITLE **L** Change ☐ Addition TITLE TREASURER MOHLER, CHARLES NAME NAME JOSEPA L. GIUNTO 9 CADDY RD 196 ANNAPOLIS LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROTONDA WEST FL 33947 CITY-ST-ZIP STONDA WEST FL ☐ Delete _ AULT, LARRY L NAME NAME STREET ADDRESS 201 CADDY RD STREET ADDRESS CITY-ST-719 ROTONDA FL 33947 CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME GRISSELL, HENRY NAME STREET ADDRESS 6314 DRUDE CT. STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33981 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

FILED

☐ Change

☐ Addition

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

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Joseph Z. Smits JOSEPH L. GiUNTO 2-9-06 941-662-6201