

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000006384

1. Entity Name
**WILLISTON POST NO. 5511, VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.**



Principal Place of Business
**P.O. BOX 476
WILLISTON, FL 32696-0476**

Mailing Address
**P.O. BOX 476
WILLISTON, FL 32696-0476**



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1000162

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, MARVIN H
18850 NE 51ST STREET
WILLISTON, FL 32696**

**DO NOT WRITE
IN THIS SPACE**

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 Marvin H. Thompson Marvin H. Thompson 1-14-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	RUSSELL, ROBERT
STREET ADDRESS	11691 N.E. 74TH LN
CITY-ST-ZIP	BRONSON, FL 32621
TITLE	T
NAME	COURTNEY, BENJAMIN E
STREET ADDRESS	3150 SE LCR #337
CITY-ST-ZIP	MORRISTON, FL 32668
TITLE	T
NAME	SCHRARTZ, FRANK L
STREET ADDRESS	2690 SE ST RD 121
CITY-ST-ZIP	NORRISTOWN, FL 32668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000183315
01/20/05-80006-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Frank L. Schwartz Frank L. Schwartz 1-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #