

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90294 032 \*\*\*\*70.00

DOCUMENT # *N99000006290*

1. Entity Name

*GREENACRES V.F.W Post #4445  
INC.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*364 SWAIN BLVD.*

Suite, Apt. #, etc.

3. Mailing Address

*364 SWAIN BLVD*

Suite, Apt. #, etc.

City & State

*GREENACRES FL.*

City & State

*GREENACRES FL.*

4. FEI Number

*65-0583913*

Applied For

Not Applicable

Zip

*33463*

Country

*LISA*

Zip

*33463*

Country

*LISA*

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name *MR FRANCIS ALFANO*

Street Address (P.O. Box Number is Not Acceptable)  
*6355 TALL CYPRESS CIR*

City *GREENACRES*

FL

Zip Code *33463*

**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 *MR FRANCIS ALFANO*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/14/05*

**FEE IS \$61.25**  
**Initial or Amended UBR**

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 DIRECTORS

TITLE *P* NAME *ROBERT CLEMENTS*  
STREET ADDRESS *439 SWAIN BLVD.*  
CITY-ST-ZIP *GREENACRES FL 33463*

TITLE *VP* NAME *JOSEPH COX*  
STREET ADDRESS *2196 WHITE PINE CIR.*  
CITY-ST-ZIP *GREENACRES FL 33415*

TITLE *S* NAME *JIM JOHNSON*  
STREET ADDRESS *440 SANTA ANNA DR*  
CITY-ST-ZIP *LAKEWORTH FL 33461*

TITLE *QMD* NAME *FRANCIS ALFANO*  
STREET ADDRESS *6355 TALL CYPRESS CIR*  
CITY-ST-ZIP *GREENACRES FL 33463*

TITLE *D* NAME *CANUTE FERRIN*  
STREET ADDRESS *155 LOVE CRESCENT*  
CITY-ST-ZIP *ROYAL PALM BEACH FL 33411*

TITLE *D* NAME *ED MANLY*  
STREET ADDRESS *6940 CLOVER CT*  
CITY-ST-ZIP *LAKEWORTH FL 33467*

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *FRANCIS ALFANO* *Francis Alfano 4/18/05 561-433-2357*

CR2E037B (12/02)