


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

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90312 002 ****70.00

DOCUMENT # N99000006290	
1. Entity Name GREENACRES V.F.W. POST #4445 INC.	

Principal Place of Business 364 SWAIN BLVD. GREEN ACRES FL 33463	Mailing Address 364 SWAIN BLVD. GREEN ACRES FL 33463
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 65-0583913	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALFANO, FRANCIS 6355 TALL CYPRESS CIR GREENACRES FL 33463	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME CLEMENTS, ROBERT P. CDR STREET ADDRESS 439 SWAIN BLVD CITY-ST-ZIP GREENACRES FL 33463	<input type="checkbox"/> Delete	TITLE COMMANDER NAME GERALD WEISBROT PCOR STREET ADDRESS 8735 VIA GIULA CITY-ST-ZIP BOCA RATON FL 33496 - 1907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME COX, JOSEPH SR VICE STREET ADDRESS 2196 WHITE PINE CIR CITY-ST-ZIP GREENACRES FL 33463	<input type="checkbox"/> Delete	TITLE SEN NAME ROBERT CLEMENTS SEN STREET ADDRESS 439 SWAIN BLVD CITY-ST-ZIP GREENACRES FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME JOHNSON, JAMES L JR VICE STREET ADDRESS 440 SANTA ANNA DR CITY-ST-ZIP LAKE WORTH FL 33461	<input type="checkbox"/> Delete	TITLE JR NAME CANUTE FERRIN JR. VICE COMM. STREET ADDRESS 155 LOVE CRESENT CITY-ST-ZIP ROYAL PALM BEACH FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE QUARTER MASTER NAME ALFANO, FRANCIS STREET ADDRESS 6355 TALL CYPRESS CIR CITY-ST-ZIP GREENACRES FL 33463	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME FERRIN, CANUTE STREET ADDRESS 155 LOVE CRESENT CITY-ST-ZIP ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete	TITLE D NAME XAVIER HAZ STREET ADDRESS 2828 WATER EDGE CIR CITY-ST-ZIP WEST PALM BEACH FL 33413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MANLEY, ED STREET ADDRESS 6990 CLOVER CT CITY-ST-ZIP LAKE WORTH FL 33467	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Francis Alfano* *4/19/06* *561 433 2357*