

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006290

FILED
Jan 16, 2007
Secretary of State

Entity Name: GREENACRES V.F.W. POST #4445 INC.

Current Principal Place of Business:

364 SWAIN BLVD.
GREEN ACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

364 SWAIN BLVD.
GREEN ACRES, FL 33463

New Mailing Address:

FEI Number: 65-0583913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFANO, FRANCIS
6355 TALL CYPRESS CIR
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: WEISBROT, GERALD
Address: 8735 VIA VILLA
City-St-Zip: BOCA RATON, FL 334961907

Title: S () Delete
Name: CLEMENTS, ROBERT
Address: 439 SWAIN BLVD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S () Delete
Name: FERRIN, CANUTE
Address: 155 LOVE CRESCENT
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: ALFANO, FRANCIS
Address: 6355 TALL CYPRESS CIR
City-St-Zip: GREENACRES, FL 33463

Title: D () Delete
Name: WAS, XAVIER
Address: 2828 WATEREDGE CIR
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: MANLEY, ED
Address: 6990 CLOVER CT
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT P. CLEMENTS

S

01/16/2007

Electronic Signature of Signing Officer or Director

Date