2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2008 8:00 am
Secretary of State
05-06-2008 90029 029 ****70.00

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1. Entity Name

GREENACRES V.F.W. POST #4445 INC.

Principal Place of Business	Mailing Address
364 SWAIN BLVD. GREEN ACRES FL 33463	364 SWAIN BLVD. GREEN ACRES FL 33463

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0583913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C WEISBROT, GERALD 8735 VIA VILLA BOCA RATON FL 33496-1907	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C CLEMENTS ROBERT 439 SWAIN BLVD. GREENACRES FL 33463-2037	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CLEMENTS, ROBERT 439 SWAIN BLVD BOYNTON BEACH FL 33436	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MODENA DOMENICK 6292 RED CEDAR CIR GREENACRES FL 33463-8332	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FERRIN, CANUTE 155 LOVE CRESCENT WEST PALM BEACH FL 33411	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CRESS LOUIS 3465 VIA POINCIANA LAKEWORTH FL 33467-1993	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALFANO, FRANCIS 6355 TALL CYPRESS CIR GREENACRES FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAS, XAVIER 2828 WATEREDGE CIR BOCA RATON FL 33431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEMBO MURRAY 370 BENNINGTON LA LAKEWORTH FL 33467-2761	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANLEY, ED 6990 CLOVER CT LAKE WORTH FL 33467	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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.

FRANCIS ALFANO

SIGNATURE: Francis Alfano 4/17/08 561-433-2357

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION TO SIGN DATE