

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731014

**Entity Name:** JOHN S. LYMAN, JR. POST #4536, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**FILED**  
**Jan 13, 2020**  
**Secretary of State**  
**6256486514CC**

**Current Principal Place of Business:**

4401 DIXIE HWY, NE  
PALM BAY, FL 32905

**Current Mailing Address:**

4401 DIXIE HWY, NE  
PALM BAY, FL 32905 US

**FEI Number: 23-7091101**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

VFW POST 4536  
4401 DIXIE HWY, NE  
PALM BAY, FL 32905 US

*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: DAVID J.WILLIAMS**

**01/13/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name WAGNER, CHRISTOPHER  
COMMANDER  
Address 4401 DIXIE HWY, NE  
City-State-Zip: PALM BAY FL 32905

Title VPD  
Name WAGNER, ETHAN L SR.VICE  
COMMANDER  
Address 4401 DIXIE HWY, NE  
City-State-Zip: PALM BAY FL 32905

Title VP  
Name WAGNER, CHRISTOPHER  
Address 4401 DIXIE HWY, NE  
City-State-Zip: PALM BAY FL 32905

Title D  
Name WILLIAMS, DAVID J  
Address 320 BREAKWATER ST SE  
City-State-Zip: PALM BAY FL 32909

Title TTRUSTEE, TRUSTEE  
Name PIERCE, RONALD TRUSTEE  
Address 4401 DIXIE HWY NE  
City-State-Zip: PALM BAY FL 32905

*I hereby 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 all other like empowered.*

**SIGNATURE: DAVID J.WILLIAMS**

**QUARTERMASTER**

**01/13/2020**

Electronic Signature of Signing Officer/Director Detail

Date