2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90239 001 ****61.25

DOCUMENT # 729896

1. Entity Name
CLYDE E. LASSEN MEMORIAL POST 10178 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
550 MCCALL RD ENGLEWOOD, FL 34223 US	550 MCCALL RD ENGLEWOOD, FL 34223 US

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01202005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 52-1664051 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CURRIE, DAVID 1155 SHORE VIEW DRIVE ENGLEWOOD, FL 34223	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	CMD CURRIE, DAVID 1155 SHORE VIEW DR. ENGLEWOOD, FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVCO KINSEY, EDWARD 1149 S. OXFORD DRIVE ENGLEWOOD, FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVCO WILLIAM J. RUSSELL 2094 A REDMOND ST. PORT CHARLOTTE, FL. 33948	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILLER, FRED 6216 SHASTA DR. ENGLEWOOD, FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DUNN, DAVE BOX 73 ENGLEWOOD, FL 34295	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RICHARD A. AUGUST 565 SANDLOR DRIVE ENGLEWOOD, FL. 34223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DECOLA, RICH 755 TANGERINE WOOD BLVD. ENGLEWOOD, FL .34223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	QURT WILLIAMS, FRED 9699 GULFSTREAM BLVD. ENGLEWOOD, FL 34224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	QM RAYMOND F. SILVIA 195 BOWDOIN ROAD VENICE, FLORIDA 34293	☐ Change ☒ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond F. Silvia 02-25-05 941-474-7516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RAYMOND F. SILVIA