

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 749266
 1. Entity Name
FLAGLER COUNTY POST NO. 5213, VETERANS OF FOREIGN WARS OF THE UNITED STATES



Principal Place of Business: **PO BOX 2075 BUNNELL FL 32110**
 Mailing Address: **PO BOX 2075 BUNNELL FL 32110**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-6162521**
 Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent

WRIGHT, ROBERT HOWARD, M.D.
14 ZODIAC PLACE
PO BOX 2348
BUNNELL FL 32110

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, 2004

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

TITLE NAME	P BARZELOGNA, ROBT	<input type="checkbox"/> Delete
STREET ADDRESS	RT. 1 BOX 146B	
CITY - ST - ZIP	BUNNELL FL	
TITLE NAME	V SHAW, JAMES F.	<input type="checkbox"/> Delete
STREET ADDRESS	370 LAMBERT AVE.	
CITY - ST - ZIP	FLAGLER BCH. FL	
TITLE NAME	TD WRIGHT, ROBERT HOWARD	<input type="checkbox"/> Delete
STREET ADDRESS	BOX 2348 N/A	
CITY - ST - ZIP	BUNNELL FL	
TITLE NAME	SD SHEEHAN, JAMES F	<input type="checkbox"/> Delete
STREET ADDRESS	1802 N. CENTRAL AVE.	
CITY - ST - ZIP	FLAGLER BCH. FL	
TITLE NAME	T WRIGHT, JAMES H.	<input type="checkbox"/> Delete
STREET ADDRESS	112 BREN MAR LANE	
CITY - ST - ZIP	PALM COAST FL	
TITLE NAME	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	

U00000028710
 02/04/04-80038-001 61.25

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: *Robert Howard Wright M.D.* **1-04 386-437-3622**