

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

REC'D 1-28/05

FILED

Feb 02, 2005 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

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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
WRIGHT, ROBERT HOWARD, M.D.
14 ZODIAC PLACE
PO BOX 2348
BUNNELL FL 32110

4. FEI Number: 59-6162521 Applied For Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* 1-29-05 386-457-3622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #