


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90046 018 \*\*\*\*61.25

<b>DOCUMENT # 752619</b> 1. Entity Name MELBOURNE POST 4206 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business RS OF THE UNITED STATES, INC. 3201 SOUTH DAIRY ROAD MELBOURNE, FL 32904-4722			Mailing Address RS OF THE UNITED STATES, INC. 3201 SOUTH DAIRY ROAD MELBOURNE, FL 32904-4722		
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 59-0900146	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PICKARD, RAYMOND 3201S DAIRY RD MELBOURNE, FL 32904			Name <u>DARYL L. RING</u> Street Address (P.O. Box Number is Not Acceptable) <u>301 GAGE ST. SE</u> City <u>PALM BAY</u> FL <u>32909</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>March 15<sup>th</sup> 2004</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	C <input type="checkbox"/> Delete		TITLE	COMMANDER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILIP, CARL		NAME	DARYL L. RING	
STREET ADDRESS	3201 S DAIRY RD		STREET ADDRESS	301 GAGE ST. SE	
CITY-ST-ZIP	MELBOURNE, FL 32904		CITY-ST-ZIP	PALM BAY, FL 32909	
TITLE	QM <input type="checkbox"/> Delete		TITLE	CHARLES W. THOMAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAYMOND, PICKARD		NAME	2581 CORBUSTIER DR.	
STREET ADDRESS	3201 S DAIRY RD		STREET ADDRESS	MELBOURNE, FL 32935	
CITY-ST-ZIP	MELBOURNE, FL 32904		CITY-ST-ZIP	QM.	
TITLE	SV <input type="checkbox"/> Delete		TITLE	SENIOR VICE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERSHEY, JOSEPH T		NAME	EDWARD A. SCOT	
STREET ADDRESS	1397 GIRALD CIR. NW		STREET ADDRESS	4870 LK WATERFORD WAY #3	
CITY-ST-ZIP	PALM BAY, FL 32907		CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	T <input type="checkbox"/> Delete		TITLE	JUNIOR VICE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOLDY, ANTHONY M		NAME	ROBERT L. BLACKBURN	
STREET ADDRESS	3750 LAURENS AVE.		STREET ADDRESS	3570 EGRET DR.	
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REDDEN, HARPER T		NAME		
STREET ADDRESS	412 ROME AVE NE.		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32907		CITY-ST-ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCEVOY, JAMES		NAME		
STREET ADDRESS	5040 WALKER AVE		STREET ADDRESS		
CITY-ST-ZIP	W. MELBOURNE, FL 32904		CITY-ST-ZIP		
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: <u>Charles W. Thomas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/16/04</u> Daytime Phone # <u>321-254-2836</u>		