

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 27 PM 3: 59

DOCUMENT # 752974 (6)

1. Corporation Name  
MICCO POST 4425, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
% C. SEWARD 624 BAREFOOT BLVD BAREFOOT BAY FL 32976

3. Date incorporated or Qualified 06/16/1980  
3a. Date of Last Report 01/20/1994  
4. FEI Number 59-1905860  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State No CA 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$60.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
SEWARD, CHARLES O.  
624 BAREFOOT BLVD.  
BAREFOOT BAY FL 32976

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) No Change  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

| 12. OFFICERS AND DIRECTORS |                        |
|----------------------------|------------------------|
| TITLE                      | S                      |
| NAME                       | SEWARD, CHARLES O      |
| STREET ADDRESS             | 624 BAREFOOT BL        |
| CITY-ST-ZIP                | BAREFOOT BAY, FL 32976 |
| TITLE                      | D                      |
| NAME                       | MCGIRR, JOHN P SR      |
| STREET ADDRESS             | 2129 W. NEW HAVEN AVE. |
| CITY-ST-ZIP                | MELBOURNE FL           |
| TITLE                      | D                      |
| NAME                       | EVERIDGE, EDWIN        |
| STREET ADDRESS             | BOX 34D                |
| CITY-ST-ZIP                | GARRETT KY 41630       |
| TITLE                      | D                      |
| NAME                       | TIMRECK, HERBERT F     |
| STREET ADDRESS             | 932 BAREFOOT BLVD      |
| CITY-ST-ZIP                | BAREFOOT BAY, FL 32976 |
| TITLE                      | D                      |
| NAME                       | RILEY, CORNELIUS T     |
| STREET ADDRESS             | 635 E HYACINTH CIR     |
| CITY-ST-ZIP                | BAREFOOT BAY, FL 32976 |
| TITLE                      | D                      |
| NAME                       | MISTRON, BRUNO         |
| STREET ADDRESS             | 1001 BAREFOOT BLVD.    |
| CITY-ST-ZIP                | BAREFOOT BAY FL 32976  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY-ST-ZIP                                       |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles O. Seward  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CHARLES O. SEWARD  
Date: 1-13-95  
Anytime Hereafter: 1-409-664-8988