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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752974 (6)

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

Principal Place of Business VFW POST 4425 624 BAREFOOT BLVD BAREFOOT BAY FL 32976 US	Mailing Address VFW POST 4425 PO BOX 770-102 BAREFOOT BAY FL 32976 US
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3. Date Incorporated or Qualified 06/16/1980		
4. FEI Number 59-1905860	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 VFW Post #4425	26 VFW Post #4425
Suite, Apt #, etc	Suite, Apt #, etc
22	27 P.O. Box 770-102
City & State 23 BAREFOOT BAY FL.	City & State 28 BAREFOOT BAY FL
Zip 24 32976	Country 25 USA
Country 25 USA	Zip 29 32976
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent

**ROBERT P FITZGERALD
913 SW CASHEW CIR
BAREFOOT BAY FL 32976**

10. Name and Address of New Registered Agent

81 Name	ROBERT P. FITZGERALD
82 Street Address (P.O. Box Number is Not Acceptable)	913 SW CASHEW CIR.
83	
84 City	BAREFOOT BAY FL
85 Zip Code	32976

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **ROBERT P. FITZGERALD** *Robert P. Fitzgerald* **April 16-98**

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERT P FITZGERALD	
STREET ADDRESS	913 SW CASHEW CIR	
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EUGENE J HENRY	
STREET ADDRESS	716 AMARYLLIS DR	
CITY-ST-ZIP	BAREFOOT BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BABECKI, ALFRED J	
STREET ADDRESS	915 HEMLOCK ST.	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARD G HIGGINS	
STREET ADDRESS	1189 W BAREFOOT CIR	
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RILEY, CORNELIUS T	
STREET ADDRESS	635 E HYACINTH CIR	
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAM J HULSART	
STREET ADDRESS	717 N GLADIOLUS DR	
CITY-ST-ZIP	BAREFOOT BAY FL	

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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ROBERT P FITZGERALD** *Robert P. Fitzgerald* **April 16-98**

CR2E037 (10/97)