


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

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90028 029 ****61.25

DOCUMENT # 752974					
1. Entity Name MICCO POST 4425, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business VFW POST 4425 BAREFOOT BAY FL 32976 US		Mailing Address VFW POST 4425 PO BOX 770-102 BAREFOOT BAY FL 32976 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1905860	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT P FITZGERALD 913 SW CASHEW CIR BAREFOOT BAY FL 32976			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERT P FITZGERALD		NAME		
STREET ADDRESS	913 SW CASHEW CIR		STREET ADDRESS	913 CASHEW CIR	
CITY-ST-ZIP	BAREFOOT BAY, FL 32976		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EUGENE J HENRY		NAME		
STREET ADDRESS	716 AMARYLLIS DR		STREET ADDRESS		
CITY-ST-ZIP	BAREFOOT BAY FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BABECKI, ALFRED J		NAME		
STREET ADDRESS	915 HEMLOCK ST.		STREET ADDRESS		
CITY-ST-ZIP	BAREFOOT BAY FL 32976		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, RENE L		NAME		
STREET ADDRESS	1003 S ORIOLE		STREET ADDRESS	1003 ORIOLE CIR	
CITY-ST-ZIP	BAREFOOT BAY FL 32976		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RILEY, CORNELIUS T		NAME		
STREET ADDRESS	635 E HYACINTH CIR		STREET ADDRESS		
CITY-ST-ZIP	BAREFOOT BAY, FL 32976		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCALLISTER, DAVID E		NAME		
STREET ADDRESS	1231 CALUSA DR		STREET ADDRESS	BAREFOOT BAY FL 32976	
CITY-ST-ZIP	SEBASTIAN FL 32976		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: <i>Robert P. Fitzgerald</i>				2-19-04 772 664 4158	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	