


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

FILED
Feb 18, 2005 08:00 AM
Secretary of State

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		4. FEI Number 59-1905860	
		Applied For	
		(Not Applicable)	
5. 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 _____ (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. <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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT P FITZGERALD	NAME	
STREET ADDRESS	913 CASHEW CIR.	STREET ADDRESS	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	CITY-ST-ZIP	000000235360 02/18/05-80056-024 61.25
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RENE L	NAME	
STREET ADDRESS	1003 ORIOLE CIR	STREET ADDRESS	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCALLISTER, DAVID E	NAME	
STREET ADDRESS	1231 CALUSA DR	STREET ADDRESS	
CITY-ST-ZIP	BAREFOOT BAY 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 19.07(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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Robert P Fitzgerald</u>		Date: <u>Feb 16-05</u> Time: <u>TR 664 415</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	