

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90177 025 ****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

Zip Country



10027776



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1905860** Applied For Not Applicable

5. Certificate of Status Desired **\$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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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	ROBERT P FITZGERALD <input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	913 SW CASHEW CIR	NAME: _____	
STREET ADDRESS: _____	BAREFOOT BAY, FL 32976	STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: D	EUGENE J HENRY <input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	716 AMARYLLIS DR	NAME: _____	
STREET ADDRESS: _____	BAREFOOT BAY FL	STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: D	BABECKI, ALFRED J <input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	915 HEMLOCK ST.	NAME: _____	
STREET ADDRESS: _____	BAREFOOT BAY FL 32976	STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: D	SMITH, RENE L <input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	1003 S ORIOLE	NAME: _____	
STREET ADDRESS: _____	BAREFOOT BAY FL 32976	STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: D	RILEY, CORNELIUS T <input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	635 E HYACINTH CIR	NAME: _____	
STREET ADDRESS: _____	BAREFOOT BAY, FL 32976	STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: D	MCALLISTER, DAVID E <input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	1231 CALUSA DR	NAME: _____	
STREET ADDRESS: _____	SEBASTIAN FL 32976	STREET ADDRESS: _____	
CITY-ST-ZIP: _____		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: *Robert P Fitzgerald* **Feb 20-03 772 664 4158**

CR2E037 (10/02)