

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.
City & State
Zip Country

3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



10027776



CHECK HERE IF MAKING CHANGES

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

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 913 SW CASHEW CIR BAREFOOT BAY, FL 32976	TITLE: _____	_____
TITLE: D	EUGENE J HENRY 716 AMARYLLIS DR BAREFOOT BAY FL	TITLE: _____	_____
TITLE: D	BABECKI, ALFRED J 915 HEMLOCK ST. BAREFOOT BAY FL 32976	TITLE: _____	_____
TITLE: D	SMITH, RENE L 1003 S ORIOLE BAREFOOT BAY FL 32976	TITLE: _____	_____
TITLE: D	RILEY, CORNELIUS T 635 E HYACINTH CIR BAREFOOT BAY, FL 32976	TITLE: _____	_____
TITLE: D	MCALLISTER, DAVID E 1231 CALUSA DR SEBASTIAN FL 32976	TITLE: _____	_____

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)