

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

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90084 040 ****61.25

DOCUMENT # N31908

1. Entity Name

**RANDOLPH FORD POST NO. 7845 VETERANS OF
FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business

6315 STONE RD
NEW PORT RICHEY FL 34654

Mailing Address

6315 STONE ROAD
PORT RICHEY FL 34668
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2912271

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINDERS, CHARLES
8732 COCHISE LANE
PORT RICHEY FL 34668

Name **WINDERS CHARLES**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 **TR** Delete
NAME **WILCOX, WAYNE**
STREET ADDRESS **7431 GRANADA AVE.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

Change Addition

TITLE **TR** Delete
NAME **BLASSE, PETE**
STREET ADDRESS **8023 PEPPER DRIVE LN.**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **FRANK VELIKO** Change Addition
NAME **FRANK VELIKO**
STREET ADDRESS **7742 RADCLIFF CIR**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **TR** Delete
NAME **SOBEK, PAUL**
STREET ADDRESS **7241 FIRESIDE DR.**
CITY-ST-ZIP **PORT RICHEY FL 34668**

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

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: *Charles W. Winders* **CHARLES W. WINDERS**

29 JAN 04 (7:27) 847-6277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #