


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N31908 1. Entity Name RANDOLPH FORD POST NO. 7845 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.	
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Principal Place of Business 6315 STONE RD NEW PORT RICHEY, FL 34654	Mailing Address 6315 STONE ROAD PORT RICHEY, FL 34668 US
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01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2912271	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

WINDERS, CHARLES
8732 COCHISE LANE
PORT RICHEY, FL 34668

**DO NOT WRITE
IN THIS SPACE**

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)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WILCOX, WAYNE 7431 GRANADA AVE. NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR VELIKO, FRANK 7742 RADCLIFF CIR PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SOBEK, PAUL 7241 FIRESIDE DR. PORT RICHEY, FL 34668
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/05-80086-015 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles W. Winders CHARLES W. WINDERS 5 JUL 05 (727)847-6277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #