

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000011776

Entity Name: MEN'S AUXILIARY OF POST 1005, INC

Current Principal Place of Business:

5275 BABCOCK STREET
PALM BAY, FL 32905

Current Mailing Address:

5275 BABCOCK STREET
PALM BAY, FL 32905 US

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HOFFMAN, PETE
171 MASSINI AVENUE
PALM BAY, FL 32907 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name HOFFMAN, PETE
Address 171 MASSINI AVENUE
City-State-Zip: PALM BAY FL 32907

Title SRVP
Name MORRIS, TIM
Address 796 BIANCA DRIVE NE
City-State-Zip: PALM BAY FL 32905

Title TREA
Name SHEA, RICHARD
Address 1198 BIANCA DRIVE NE
City-State-Zip: PALM BAY FL 32905

Title FATH
Name JONES, BILL
Address 1960 ROC ROSA DRIVE NE
City-State-Zip: PALM BAY FL 32905

Title SEC
Name MACDONALD, STEVE
Address 3202 ABBOTT COURT
City-State-Zip: PALM BAY FL 32905

Title TRUS
Name KLAUSER, RICK
Address 4315 SAND POINT DRIVE
City-State-Zip: GRANT FL 32905

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY S. MORRIS

SENIOR VICE PRESIDENT 04/16/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date