

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000011780

**Entity Name:** VFW POST 4256 MEN'S AUXILIARY, INC.

**Current Principal Place of Business:**

12901 GULF BOULEVARD  
MADEIRA BEACH, FL 33708

**Current Mailing Address:**

12901 GULF BOULEVARD  
MADEIRA BEACH, FL 33708 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WINSLOW, TIMOTHY C  
5803 BAY PINES LAKES BLVD.  
ST. PETERSBURG, FL 33708 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: TIMOTHY C. WINSLOW**

**04/16/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HOUSE, TOM E  
Address        12901 GULF BOULEVARD  
City-State-Zip: MADEIRA BEACH FL 33708

Title            SENIOR VICE  
Name            FURLONG, ANTHONY J  
Address        8848 112TH WAY  
City-State-Zip: SEMINOLE FL 33772

Title            JUNIOR VICE  
Name            MOORE, JOSEPH P  
Address        11511 113TH STREET  
                  APT. 8A  
City-State-Zip: LARGO FL 33778

Title            TREASURER  
Name            WINSLOW, TIMOTHY C  
Address        5803 BAY PINES LAKES BLVD.  
City-State-Zip: ST. PETERSBURG FL 33708

Title            TRUSTEE  
Name            MONTAMBAULT, EDWARD  
Address        407 BATHCLUB BOULEVARD  
City-State-Zip: NORTH REDINGTON BEACH FL  
                  33708

Title            TRUSTEE  
Name            SIVORI, JOHN T  
Address        145 116TH AVENUE  
                  APT. 302  
City-State-Zip: TREASURE ISLAND FL 33706

*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: TOM E. HOUSE**

**PRESIDENT**

**04/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date