

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000011819

Entity Name: VFW MEN'S AUXILIARY POST # 4412, INC.

Current Principal Place of Business:

9734 DICK STREET
HUDSON, FL 34669

Current Mailing Address:

9734 DICK STREET
HUDSON, FL 34669 US

FEI Number: 46-1734415

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CADDEN, GENE
9701 JEROME DR.
NEW PORT RICHEY, FL 34654-4077 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: GENE CADDEN

04/15/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CADDEN, GENE
Address 9701 JEROME DR.
City-State-Zip: NEW PORT RICHEY FL 34654-4077

Title SR. VICE
Name SWEATLAND, DOUGLAS A.
Address 10550 FAWN DR.
City-State-Zip: NEW PORT RICHEY FL 34654-1263

Title JR. VICE
Name PARKER, SR., EDWIN J.
Address 14027 ANGLE RD.
City-State-Zip: HUDSON FL 34669-1038

Title TREASURER
Name LONG, BRYAN W.
Address 12708 LITEWOOD DR.
City-State-Zip: HUDSON FL 34669

Title SECRETARY
Name PLISHKA, GLEN M.
Address 14318 TENNYSON DR.
City-State-Zip: HUDSON FL 34667

Title CHAPLAIN
Name VAN MENSEL, DAVID A.
Address 11810 NEWELL DR.
City-State-Zip: PORT RICHEY FL 34668-1035

Title TRUSTEE(3-YEAR)
Name JAMES, FUTRELL D.
Address 11500 KNUCKEY RD.
City-State-Zip: WEEKI WACHEE FL 34614

Title TRUSTEE. (2-YEAR)
Name BOWEN, BURN S.
Address 9705 LEE STREET
City-State-Zip: HUDSON FL 34669

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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: GENE CADDEN

PRESIDENT

04/15/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE, (1-YEAR)
Name DUSSEL, TOM
Address 12719 HICKS ROAD
City-State-Zip: HUDSON FL 34669