

**2016 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**

**04/26/2016**

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            GARDNER, RONALD J. JR.  
Address        9309 YELLOW LAKE DR.  
City-State-Zip: NEW PORT RICHEY FL 34654

Title            TREASURER  
Name            PARKER, EDWIN J. SR.  
Address        14027 ANGLE RD.  
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

**Continues on page 2**

*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: EDWIN J. PARKER, SR.**

**TREASURER**

**04/26/2016**

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