

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000001640

Entity Name: 4174-VFW MENS AUXILIARY, INC.

Current Principal Place of Business:

25 HOMESTEAD RD. S
LEHIGH ACRES, FL 33936

Current Mailing Address:

PO BOX 304
LEHIGH ACRES, FL 33936

FEI Number: 46-1482879

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MARTINEAU, ROBERT
4808 3RD ST W
LEHIGH ACRES, FL 33971 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 PRESIDENT
Name TOURJEE, TIMOTHY A
Address 17 ANDROS ST
City-State-Zip: LEHIGH ACRES FL 33936

Title VP
Name PIAZZA, SHAWN
Address 1719 MARGATE BLVD
City-State-Zip: LEHIGH ACRES FL 33936

Title TREASURER
Name MARTINEAU, ROBERT
Address 4808 3RD ST W
City-State-Zip: LEHIGH ACRES FL 33971

Title SECRETARY
Name KLEPSER, MICHAEL L
Address 117 IDAHO RD
City-State-Zip: LEHIGH ACRES FL 33936

Title TRUSTEE
Name SLAZES, DANIEL P
Address 19374 CORALTREE CT
City-State-Zip: LEHIGH ACRES FL 33936

Title TRUSTEE
Name STOWELL, MICHAEL J
Address 304 STANFORD ST
City-State-Zip: LEHIGH ACRES FL 33936

Title TRUSTEE
Name COLLINS, DEAN G
Address 47 TANGELO CT
City-State-Zip: LEHIGH ACRES FL 33936

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: ROBERT MARTINEAU

TREASURER

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date