

2016 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:** No**Name and Address of Current Registered Agent:**KLEPSE, MICHAEL L
117 IDAHO RD
LEHIGH ACRES, FL 33936 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:** MICHAEL L KLEPSE

04/07/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WETZEL, RAYMOND G
Address 3501 26TH ST SW
City-State-Zip: LEHIGH ACRES FL 33936

Title VP
Name DOWNING, PHILIP M
Address 2516 8TH ST SW
City-State-Zip: LEHIGH ACRES FL 33971

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

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

Title TRUSTEE
Name SIMMONS, ELEX
Address 208 REDCLIFF AVE
City-State-Zip: LEHIGH ACRES FL 33936

Title TRUSTEE
Name GARY , KRUSE
Address 738 ARTHUR AVE
City-State-Zip: LEHIGH ACRES FL 33936

Title TRUSTEE
Name PATTON, GARY
Address 740 MILWAUKEE BLVD
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: MICHAEL L KLEPSE

TREASURER

04/07/2016

Electronic Signature of Signing Officer/Director Detail

Date