

2015 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	LANCASTER, BJ
Address	10597 ROXBURY CT.
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	KLEPSE, MICHAEL L
Address	117 IDAHO RD
City-State-Zip:	LEHIGH ACRES FL 33936

Title	TRUSTEE
Name	WILKES, DONALD D
Address	417 NAPLES AVE S
City-State-Zip:	LEHIGH ACRES FL 33974

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

Title	TRUSTEE
Name	KRUSE, GARY R
Address	738 ARTHUR AVE
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****04/29/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date