

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

95 JUL 31 PM 12: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 708725 (7)

1. Corporation Name

HOLIDAY ISLES POST NO. 4256 VETERANS OF FOREIGN  
WARS OF THE UNITED STATES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

FOREIGN WARS OF THE UNITED STATES  
12901 W. GULF BLVD.  
MADEIRA BEACH FL 33708

FOREIGN WARS OF THE UNITED STATES  
12901 W. GULF BLVD.  
MADEIRA BEACH FL 33708

3. Date Incorporated or Qualified  
03/30/1965

3a. Date of Last Report  
05/24/1994

4. FEI Number  
59-6156233

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status ☐ \$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOSS, JOHN M  
600-FLAMINGO DR  
MADEIRA BEACH FL 33708

81 Name  
GERALD CAMARATO

82 Street Address (P.O. Box Number is Not Acceptable)  
3755 BEACH DR. S.E.

83

84 City ST. PETE. FL 85 Zip Code 33705

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Gerald Camarato*

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                          |
|-----------------|--------------------------|
| TITLE           | PD                       |
| NAME            | HAUGH, WILLIAM           |
| STREET ADDRESS  | 8254 40TH AVE N          |
| CITY - ST - ZIP | ST PETE FL               |
| TITLE           | VD                       |
| NAME            | NAFTZGER, ARTHUR         |
| STREET ADDRESS  | 2629 62ND AVE S          |
| CITY - ST - ZIP | ST PETE FL               |
| TITLE           | TP                       |
| NAME            | GOSS, JOHN M             |
| STREET ADDRESS  | 13311 SECOND STREET EAST |
| CITY - ST - ZIP | MADEIRA BEACH FL         |
| TITLE           | SD                       |
| NAME            | FORTER, MARCEL           |
| STREET ADDRESS  | 12170 5TH ST EAST        |
| CITY - ST - ZIP | TREASURE ISLAND FL       |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |

|                     |                                  |                                                                              |
|---------------------|----------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | PD                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | ROBERT B MCKINLEY                |                                                                              |
| 1.3 STREET ADDRESS  | 14431 HILLVIEW DR                |                                                                              |
| 1.4 CITY - ST - ZIP | LARGO FL 34644                   |                                                                              |
| 2.1 TITLE           | VD                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | THOMAS COLLIGAN                  |                                                                              |
| 2.3 STREET ADDRESS  | 7801-24 AVENUE #90               |                                                                              |
| 2.4 CITY - ST - ZIP | ST PETERSBURG, FL 33710          |                                                                              |
| 3.1 TITLE           | GERALD CAMARATO                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | 3755 BEACH DR. S.E.              |                                                                              |
| 3.3 STREET ADDRESS  | ST. PETE FL 33705                |                                                                              |
| 3.4 CITY - ST - ZIP | ST. PETE FL 33705                |                                                                              |
| 4.1 TITLE           | SD                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            | EUGENE E. MERKENDALL             |                                                                              |
| 4.3 STREET ADDRESS  | 10005 BAY PINES BLVD. N. LOT 163 |                                                                              |
| 4.4 CITY - ST - ZIP | ST. PETERSBURG, FL 33708         |                                                                              |
| 5.1 TITLE           |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                  |                                                                              |
| 5.3 STREET ADDRESS  |                                  |                                                                              |
| 5.4 CITY - ST - ZIP |                                  |                                                                              |
| 6.1 TITLE           |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                  |                                                                              |
| 6.3 STREET ADDRESS  |                                  |                                                                              |
| 6.4 CITY - ST - ZIP |                                  |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert B McKinley*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

5/20/95 576-2789

Date

Daytime Phone #