

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90023 041 ****70.00

DOCUMENT # 708725

1. Entity Name

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



Principal Place of Business

**HOLIDAY ISLE VFW POST 4256
12901 W. GULF BLVD.
MADEIRA BEACH FL 33708 - 2636**

Mailing Address

**PO BOX 8595
MADEIRA BEACH FL 33708**

2. Principal Place of Business

3. Mailing Address

12901 GULF BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MADEIRA BEACH

Zip

Country

Zip

Country

33708-2636

FLORIDA

6. Name and Address of Current Registered Agent

**DRNDOFF, JONES L
1250 OAKBROOK DR. SW
LARGO FL 33770**

7. Name and Address of New Registered Agent

Name **ALAN G. THOMPSON**

Street Address (P.O. Box Number is Not Acceptable)

14189 CHAMBERLAIN AVE

City

LARGO

FL

Zip Code

33774-3909

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CMDR** ☒ Delete
NAME **ORNDOFF, JAMES L**
STREET ADDRESS **1250 OAKBROOK DR. SW**
CITY-ST-ZIP **LARGO FL 33770**

TITLE **JAD** ☒ Delete
NAME **MCKINLEY, ROBERT B**
STREET ADDRESS **14431 HILLVIEW DRIVE**
CITY-ST-ZIP **LARGO FL 33774**

TITLE **QMD** ☐ Delete
NAME **RYAN, EDWARD J**
STREET ADDRESS **13000 GULF BLVD. #406**
CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE **TD** ☒ Delete
NAME **AZEVEDO, STANLEY J**
STREET ADDRESS **544 CRYSTAL DRIVE**
CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CMDR** ☒ Change ☐ Addition
NAME **ALAN G. THOMPSON**
STREET ADDRESS **14189 CHAMBERLAIN AVE**
CITY-ST-ZIP **LARGO FL 33774-3909**

TITLE **JAD** ☒ Change ☐ Addition
NAME **STANLEY J. AZEVEDO**
STREET ADDRESS **544 CRYSTAL DR**
CITY-ST-ZIP **MADEIRA BEACH FL 33708-2636**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME **THOMAS P. ROONEY**
STREET ADDRESS **145 116TH AVE #304**
CITY-ST-ZIP **TREASURE ISLAND FL 33706-4550**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04 (727) 377-3767

Date

Daytime Phone #