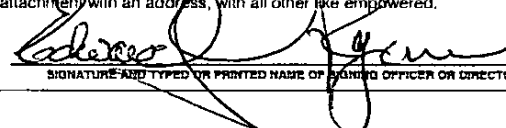


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90024 008 ****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 GULF BLVD. MADEIRA BEACH, FL 33708			Mailing Address 12901 GULF BLVD MADEIRA BEACH, FL 33708		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-6156233	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent THOMPSON, ALAN 14189 CHAMPLAIN AVE LARGO, FL 33770				7. Name and Address of New Registered Agent Name EDWARD J. RYAN / VFW Post 4256 Street Address (P.O. Box Number is Not Acceptable) 13000 GULF BLVD City MADEIRA BEACH FL Zip Code 33708	
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					
Filing Fee is \$61.25 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	CMDR THOMPSON, ALAN G ☒ Delete 14189 CHAMBLAIN AVE LARGO, FL 33774		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CMDR ☒ Change ☐ Addition ENGEL, William P. 145 116TH AVE. APT 401 TREASURE IS. FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAD ☒ Delete AZEVEDO, STANLEY 344 CRYSTAL DR. MADEIRA BEACH, FL 33708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	J.A. ☒ Change ☐ Addition SCOTT CHARLES E 4190 1/2 ST. N. APT 1 ST. PETERSBURG FL 33709	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QMD ☐ Delete RYAN, EDWARD J 13000 GULF BLVD. #406 MADEIRA BEACH, FL 33708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ☒ Delete ROONEY, THOMAS 145 116TH AVE #304 TREASURE ISLAND, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARC ☒ Change ☐ Addition KOLKA, RAYMOND J 10265 ULMERTON RD LOT 182 LARGO FL 33771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			7/14/05 727 397-3767		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

60004360

