2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State
07-15-2005 90024 008 ****70.00

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

Principal Place of Business	Mailing Address
HOLIDAY ISLE VFW POST 4256 12901 GULF BLVD. MADEIRA BEACH, FL 33708	12901 GULF BLVD MADEIRA BEACH, FL 33708

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

6UU04360

07112005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-6156233 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~THOMPSON, ALAN~~ ~~14189 CHAMPLAIN AVE~~ ~~LARGO, FL 33770~~	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CMDR ~~THOMPSON, ALAN G~~ ~~14189 CHAMBURLAIN AVE~~ ~~LARGO, FL 33774~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CMDR ENGEL, William P. 145 116TH AVE. APT 401 TREASURE IS. FL 33706	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAD AZEVEDO, STANLEY 344 CRYSTAL DR. MADEIRA BEACH, FL 33708	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	J.A. SCOTT, CHARLES E 4190 9/12TH ST. N. APT 1 ST. PETERSBURG FL 33709	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	QMD RYAN, EDWARD J 13000 GULF BLVD. #406 MADEIRA BEACH, FL 33708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROONEY, THOMAS 145 116TH AVE #304 TREASURE ISLAND, FL 33706	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SRVC KOLKA, RAYMOND J 10265 ULMERTON RD LOT 182 LARGO FL 33771	☒ Change ☐ Addition
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 INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #