

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

09-01-2005 90022 002 ***70.00
708725

FILED

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SECRETARY OF STATE



2nd MOORE CR2E037 (5/05)

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

Mailing Address

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

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

RYAN, EDWARD J
VFW POST Y256
1300 GULF BLVD
MADEIRA BEACH FL 33708

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 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. CMDR OFFICERS AND DIRECTORS

TITLE ENGEL, WILLIAM P. ☐ Delete
NAME 145 116TH AVE, APT 401-
STREET ADDRESS TREASURE ISLAND FL 33706
CITY-STATE-ZIP

TITLE SCOTT, CHARLES E. ☒ Delete
NAME 4190 71ST ST N, APT 1
STREET ADDRESS SAINT PETERSBURG FL 33709
CITY-STATE-ZIP

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

TITLE KOLKA, RAYMOND J. ☒ Delete
NAME 10265 ULMERTON RD, LOT 182
STREET ADDRESS LARGO FL 33771
CITY-STATE-ZIP

TITLE CHARLIN
NAME ROBERT L BOOK
STREET ADDRESS 1537 FLEMING DR
CITY-STATE-ZIP CLAW FL 33264

TITLE JUDGE ADVOCATE
NAME SAG PI, CHARLES
STREET ADDRESS 4190 71ST ST N APT 1
CITY-STATE-ZIP ST. PETERSBURG FL 33709

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE COMMANDER ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE SR. VICE CMDR ☒ Change ☐ Addition
NAME KOLKA, RAYMOND J
STREET ADDRESS 10265 ULMERTON RD LOT 182
CITY-STATE-ZIP LARGO FL 33771

TITLE QUARTERMASTER ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE JR. VICE CMDR ☒ Change ☐ Addition
NAME MATHEW G COMFORT
STREET ADDRESS 214 176TH TERRACE DR
CITY-STATE-ZIP REDDINGTON SHORES FL 33708

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD J. RYAN QUARTERMASTER

Date

Telephone #

8/26/05 727 397-3767