

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90026 025 ****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			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 <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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	
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.				FL Zip Code	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE July 5, 2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 6, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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 ENGEL, WILLIAM P 145 116TH AVE, APT 401 TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARLES B. SCOTT 4190 71st ST N #1 ST PETERSBURG FL 33709	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC KOLKA, RAYMOND J 10265 ULMERTON RD LOT 182 LARGO, FL 33771	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDWARD K. HOLDERNESS 546 PLAZA SEVILLE CT # 85 TREASURE ISLAND FL 33704	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QMD RYAN, EDWARD J 13000 GULF BLVD. #406 MADEIRA BEACH, FL 33708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAROLD E. MOSS 910 PINELLAS BAYWAY S # 207 TERRE VERDE FL 33715	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVC COMFORT, MATHEW E 214 176TH TERRACE DR REDINGTON BEACH, FL 33708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STANLEY J. AZEVEDO 544 CRYSTAL DR MADEIRA BEACH FL 33708	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COOK, ROBERT L 1537 EXCALIBUR DR CLAW, FL 33764	<input type="checkbox"/> Delete	12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JA CHARLES, SEC A 4190 71ST ST N APT 1 ST PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete	SIGNATURE:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE July 5, 2006 727 397-3767		