


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90042 003 \*\*\*\*70.00

<b>DOCUMENT # 708725</b> 1. Entity Name <b>HOLIDAY ISLES POST NO. 4256 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.</b>					
Principal Place of Business <b>HOLIDAY ISLE VFW POST 4256 12901 W. GULF BLVD. MADEIRA BEACH, FL 33708</b>			Mailing Address <b>12901 GULF BLVD MADEIRA BEACH, FL 33708</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RYAN, EDWARD J</b> <b>VFW POST 4256</b> <b>1300 GULF BLVD #406</b> <b>MADEIRA BEACH, FL 33708</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CMDR</b> <b>SCOTT, CHARLES E</b> <b>4180 71ST ST NORTH #1V</b> <b>SAINT PETERSBURG, FL 33709</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVC</b> <b>HORDERNESS, EDWARD</b> <b>546 PLAZA SEVILLE CT SUITE 85</b> <b>TREASURE ISLAND, FL 33706</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVC</b> <b>RICHARD J. SWETEL</b> <b>11200 6TH STREET E</b> <b>TREASURE ISLAND 33706</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>QMD</b> <b>RYAN, EDWARD J</b> <b>13000 GULF BLVD. #406</b> <b>MADEIRA BEACH, FL 33708</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JVC</b> <b>MOSS, HAROLD E</b> <b>910 PINELLAS BAYWAY SOUTH SUITE 207</b> <b>TERRE VERDE, FL 33715</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JVC</b> <b>PATRICK FEE</b> <b>2701 81ST N</b> <b>ST PETERSBURG, FL 33710</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>COOK, ROBERT L</b> <b>1537 EXCALIBUR DR</b> <b>CLAW, FL 33764</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JA</b> <b>AZEVEAO, STANLEY J</b> <b>544 CRYSTAL DR</b> <b>MADEIRA BEACH, FL 33708</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JA</b> <b>EDWARD HORDERNESS</b> <b>546 PLAZA SEVILLE CT # 85</b> <b>TREASURE ISLAND 33706</b>	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>July 17, 2007</b> Daytime Phone #					