


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90038 040 ****70.00

DOCUMENT # 722832					
1. Entity Name BASS CAPITAL POST NO. 10177, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 461 OLD HWY 17 VFW POST 10177 CRESCENT CITY FL 32112			Mailing Address VFW POST 10177 P. O. BOX 264 CRESCENT CITY FL 32112		
2. Principal Place of Business CRESCENT CITY FIRE STATION			3. Mailing Address VFW POST 10177		
Suite, Apt. #, etc. 201 N. SUMMIT ST.			Suite, Apt. #, etc. P.O. Box 264		
City & State CRESCENT CITY, FL.			City & State CRESCENT CITY, FLORIDA		
Zip 32112	Country PUTNAM	Zip 32112	Country PUTNAM	4. FEI Number 23-7141519	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MALINE, JOSEPH F 202 OSCEOLA ST GEORGETOWN FL 32139			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 <i>Joseph Maline</i>				DATE <i>2/4/2004</i>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004				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	BERRY, ALAN L 2609 GULF DR PALATKA FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BONAPARTE, JOHN 904 CENTER ST CRESCENT CITY FL 32112 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR YOUNG, CLYDE 118 PALMETTO RD GEORGETOWN FL 32139 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALINE, JOSEPH F 202 OSCEOLA ST GEORGETOWN FL 32139 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLYBURN, LLOYD E. 110 PEGGY LANE GEORGETOWN FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR REESE, ROBERT 228 PALM AVE CRESCENT CITY FL 32112 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/2004 *386-325-6190*

94014961



MOORE CR2E037 (11/03)