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

FILED
Apr 25, 2005 8:00 am
Secretary of State
03-23-2005 90031 034 ****61.25

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1st MOORE .CR2E037 (10/04)

DOCUMENT # 722832

1. Entity Name

BASS CAPITAL POST NO. 10177, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
CRESCENT CITY FIRE STATION 201 N SUMMITT ST CRESCENT CITY FL 32112	VFW POST 10177 P. O. BOX 264 CRESCENT CITY, FL 32112

2. Principal Place of Business	3. Mailing Address
CRESCENT CITY LIBRARY	NO CHANGE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CRESCENT CITY FL.	City & State
Zip: 32112 County: PUTNAM	Zip Country

4. FEI Number: 23-7141519 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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: DONALD G. WILLIAMS
Street Address (P.O. Box Number is Not Acceptable)
110 RIVER ROAD
City SATSUMA FL Zip Code 32189

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 X _____ 2/17/05
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 May 1, 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	T BERRY, ALAN L 2609 GULF DR PALATKA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BONAPARTE, JOHN 904 CENTER ST CRESCENT CITY-FL 32112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MALINE, JOSEPH F. 202 OSCEOLA ST GEORGETOWN, FL 32189	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR YOUNG, CLYDE 118 PALMETTO RD GEORGETOWN FL 32139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MALINE, JOSEPH F 202 OSCEOLA ST GEORGETOWN FL 32139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLIAMS, DONALD G. 110 RIVER Rd. SATSUMA, FL. 32189	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CLYBURN, LLOYD E. 110 PEGGY LANE GEORGETOWN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR REESE, ROBERT 228 PALM AVE CRESCENT CITY FL 32112	☐ 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: _____ AL BERRY 3/17/05 386-325-6190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #