

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90053 007 ****70.00

DOCUMENT # 726448 1. Entity Name CHESTER MCKAY POST NO. 7987, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 7445 CHESTER MCKAY DRIVE NEW PORT RICHEY, FL 34655				Mailing Address 7445 CHESTER MCKAY DRIVE NEW PORT RICHEY, FL 34655	
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 59-6162539				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WARD, STEVE E 10985 PEPPERTREE LN PORT RICHEY, FL 34668			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)					
Filing 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	CMD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WARD, STEVE E		NAME		
STREET ADDRESS	10985 PEPPERTREE LN		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SAXTON, BIERCK		NAME		
STREET ADDRESS	7445 CHESTER MCKAY DR.		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SCHWEITZER, DENNIS		NAME		
STREET ADDRESS	7445 CHESTER MCKAY DR.		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	PASCOE, ROBERT		NAME	HOGG, JERRY	
STREET ADDRESS	7445 CHESTER MCKAY DR.		STREET ADDRESS	7445 CHESTER MCKAY DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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 like empowered.					
SIGNATURE: _____			_____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date _____ Daytime Phone # _____		