


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90004 030 ****61.25

| | | | | | |
|---|---------------------------------|---|---|---|--|
| DOCUMENT # 732168 1. Entity Name GOLDEN GATE POST NO. 7721 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC. | | | |  | |
| Principal Place of Business 800 NEFF'S WAY NAPLES, FL 34119 | | | Mailing Address 800 NEFF'S WAY NAPLES, FL 34119 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | Country | |
| 6. Name and Address of Current Registered Agent BALZARANO, RALPH J 781 14TH ST SE NAPLES, FL 34117 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 <u><i>Ralph J Balzarano</i></u> <u>QUARTERMASTER</u> <u>4/2/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing 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 | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BALZARANO, RALPH J | | NAME | | |
| STREET ADDRESS | 781 14TH ST SE | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34117 | | CITY-ST-ZIP | | |
| TITLE | DIR | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ALLEN, EDWARD | | NAME | | |
| STREET ADDRESS | 3661 17TH AVE SW | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34117 | | CITY-ST-ZIP | | |
| TITLE | DIR | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PERREY, WILLIAM | | NAME | | |
| STREET ADDRESS | 631 31ST NW | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34120 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BATES, WESLEY G | | NAME | | |
| STREET ADDRESS | 10862 SEA CORAL COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LEHMAN, GAREL | | NAME | | |
| STREET ADDRESS | 1050 25TH STREET S.W. | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34117 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Ralph J Balzarano</i></u> <u>RALPH J BALZARANO</u> <u>4/2/04</u> <u>239 455 1231</u> <small>Signature and typed or printed name of signing officer or director</small> | | | <small>Date Daytime Phone #</small> | | |