

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

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90009 008 ****61.25

DOCUMENT # 733300	
1. Entity Name WEST PUTNAM POST NO. 10164 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.	

Principal Place of Business 1034 HWY 20 INTERLACHEN FL 32148 US	Mailing Address 1034 HWY 20 INTERLACHEN FL 32148 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-6569997	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRAWFORD, THOMAS L 1034 HWY 20 INTERLACHEN FL 32148	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

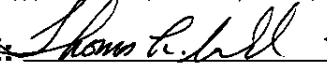
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DATE (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE C NAME RYE, DAVID STREET ADDRESS 201 KITTYAUE CITY-ST-ZIP INTERLACHEN FL 32148	☒ Delete
TITLE UPSD NAME TORRES, CARLOS STREET ADDRESS PO BOX 1072 CITY-ST-ZIP INTERLACHEN FL	☒ Delete
TITLE QM NAME CRAWFORD, THOMAS L STREET ADDRESS 1034 HWY 30 CITY-ST-ZIP INTERLACHEN FL 32148	☐ Delete
TITLE TD NAME GAGNE, VICTOR J STREET ADDRESS RT 3, BOX 534 CITY-ST-ZIP INTERLACHEN FL 32148	☒ Delete
TITLE TD NAME PIEHLER, JIMMY L STREET ADDRESS 103 APACHE AVENUE CITY-ST-ZIP INTERLACHEN FL 32148	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE C NAME John B. RYE STREET ADDRESS 127 PARK RD. CITY-ST-ZIP INTERLACHEN FL 32148	☒ Change ☒ Addition
TITLE UPSD NAME WALLACE, William J. STREET ADDRESS PO Box 5258 CITY-ST-ZIP SALT SPRINGS FL. 32134	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE TD NAME CRAWFORD, THOMAS L STREET ADDRESS PO Box 142 CITY-ST-ZIP HOLLISTER FL 32147	☒ Change ☒ Addition
TITLE TD NAME RENNINGER, GREGORY A. STREET ADDRESS PO Box 1901 CITY-ST-ZIP INTERLACHEN FL 32148	☐ Change ☒ Addition
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.	
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SIGNATURE:  Thomas L. CRAWFORD	2-5-04	316-684-0839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #