

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAY -1 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741032 (7)

1. Corporation Name

KISSIMMEE MEMORIAL POST NO 4225 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

504 S. RANDOLPH STREET
P.O. BOX 833
KISSIMMEE FL 34741-6173

504 S. RANDOLPH STREET
P.O. BOX 833
KISSIMMEE FL 34741-6173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1977

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1696392

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 504 S. Randolph Ave
Suite, Apt. #, etc.

26 504 S. RANDOLPH Ave
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Kissimmee, FL
Zip Country

28 Kissimmee, FL
Zip Country

24 34741-6173 25

29 34741-6173 30 Osceola

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TIFFANY, CHARLES B.
112 BROADWAY
KISSIMMEE FL 32741

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Charles B. Tiffany

April 24, 1995

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE

NAME
SD
CROASDALE, BARBARA C
STREET ADDRESS
4136-11 NORTHGATE DRIVE
CITY - ST - ZIP
KISSIMMEE FL

11 TITLE
NAME
PD
PALMER TJ
STREET ADDRESS
1708 OSCEOLA PK DRIVE
CITY - ST - ZIP
KISSIMMEE FL

11 TITLE
NAME
DSVC
HICKS ELMO
STREET ADDRESS
549 HUNTER CIRCLE
CITY - ST - ZIP
POINCIANA FL

11 TITLE
NAME
RENZ ROBERT
STREET ADDRESS
2100 PLEASANT HILL RD. LOT 87
CITY - ST - ZIP
KISSIMMEE FL

11 TITLE
NAME
DT
HACKLEY, DONALD C
STREET ADDRESS
550 BITTERWOOD COURT
CITY - ST - ZIP
KISSIMMEE FL

11 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME
000001485580
13 STREET ADDRESS
-05/12/95--01039--021
14 CITY - ST - ZIP
****130.00 ****130.00

21 TITLE
NAME
PD
James M. Mills ☒ Change ☐ Addition
22 STREET ADDRESS
504 So. Randolph Ave
23 CITY - ST - ZIP
Kissimmee, FL 34741-6173

31 TITLE
NAME
DSVC
Robert W. Dick ☒ Change ☐ Addition
32 STREET ADDRESS
504 So. Randolph Ave
33 CITY - ST - ZIP
Kissimmee, FL 34741-6173

41 TITLE
NAME
D
David P. Tahner ☒ Change ☐ Addition
42 STREET ADDRESS
504 So. Randolph Ave
43 CITY - ST - ZIP
Kissimmee, FL 34741-6173

51 TITLE
NAME
DT
Donald C Hackley ☒ Change ☐ Addition
52 STREET ADDRESS
553 Bitterwood Court
53 CITY - ST - ZIP
Kissimmee FL 34743

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald C. Hackley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

407-847-7855

Date

Daytime Phone