

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90008 023 ****70.00

DOCUMENT # 741032 1. Entity Name KISSIMMEE MEMORIAL POST NO 4225 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 504 S. RANDOLPH STREET KISSIMMEE, FL 34741-6173			Mailing Address 504 S. RANDOLPH STREET KISSIMMEE, FL 34741-6173		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TIFFANNY, CHARLES B. 112 BROADWAY KISSIMMEE, FL 32741			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. (NOTE: Registered Agent signature required when reappointing) DATE					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIDSON, ROBERT 2340 VIRGINIA DRIVE KISSIMMEE, FL 34741	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPRIGLIONE, DENIS 564 S. RANDOLPH AVE KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QTD SMITH, DONALD R 5053 VILLANOVA RD KISSIMMEE, FL 34746	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAPRIGLIONE, DENIS 614 CANTERBURY LANE KISSIMMEE, FL 34741	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JERRY BAXTER 2945 BAY AVE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD AVOK, ROGER 2520 CAMPHORWOODSCIR KISSIMMEE, FL 34744	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ELDON SINCERBOX 1085 OLD HICKORY TREE RD ST CLOUD, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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.					
SIGNATURE: <u>Donald R. Smith</u> DONALD R. SMITH 1/4/05 (407) 847-9855					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					