2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2006 8:00 am Secretary of State

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DOCUMENT # 741032 1. Entity Name KISSIMMEE MEMORIAL POST NO 4225 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.							02-15-2006 9	-		
504 S. RAND	ce of Business DOLPH STREET FL 34741-6173		Nddress RANDOLPH STRE MEE, FL 34741-0		•	1 : 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1:081 1011 00100 1115	NAI TITII TIALI A	'Shi Glahi Skali Gid	
2. Principal Place of Business 3.		3. Mailing	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02092006	Chg-NP	CR2E0	37 (11/05)	
City & State		City & State				4. FEI Number NOT API	PLICABLE			oplied For of Applicable
Zip	Country	Zip	e.	Country		5. Certificate of	of Status Desired		\$8.75 Add Fee Require	
	 6. Name and Address of Current 	t Registered A	Agent			-7. Name and	Address of New	Registered	Agent	
				Name						
112 BROA	/, CHARLES B. ADWAY EE, FL 32741			Street	Address (P.O. Box Numbe	r is Not Acceptab	ole)		.
10										
				City				FL	<u> </u>	
	named entity submits this statement for	or the purpose	of changing its re	egistered office of	or register	red agent, or both	n, in the State of F	lorida. I am	familiar with,	and accept
the obligat	tions of registered agent.									
SIGNATURE .										
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicat	ble. (NOTE:	Registered Agent signa	sture required	when reinstating)		DATE		
SIGNATURE	A STATE OF THE STA	nt and title if applicat	·		sture required				h	
SIGNATURE	Filing Fee is \$61.25	n and title if applicat	9. Election Camp	paign Financing	sture required	\$5.00 May Be	,	Make chec	k payable to	
	Filing Fee is \$61.25 Due by May 1, 2006		9. Election Camp	paign Financing intribution.		\$5.00 May Be Added to Fees	Fic	Make chec orida Depa	rtment of Si	tate
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI		9. Election Camp Trust Fund Co	paign Financing intribution.		\$5.00 May Be Added to Fees	,	Make chec orida Depa	RECTORS IN	110
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Denis C Capacificate
SIGNATURE AND TYPEF OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2/13/06 407-847-7853 Date Dayline Phone #