

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90033 036 ****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
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DO NOT WRITE IN THIS SPACE

40010683



01202008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent TIFFANNY, CHARLES B. 112 BROADWAY KISSIMMEE, FL 32741

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, DONALD R 504 S. RANDOLPH AVE KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OTD LESLIE, KELLY B JR 1704 PLEASANT HILL RD KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD JONES, EDWIN M JR 1573 HEATHERWAY KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JVD SNIDER, JOHN C 2905 INDIAN MOUND TR KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Donald R. Smith* **DONALD R. SMITH** 1/20/08