
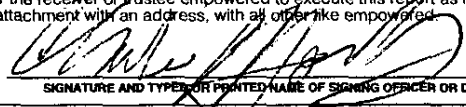


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90040 026 \*\*\*\*61.25

<b>DOCUMENT # 752229</b>					
1. Entity Name V.F.W. POST NO. 3227, HOME ASSOCIATION					
Principal Place of Business 915 NEW YORK AVE ST CLOUD, FL 34769-3361			Mailing Address 915 NEW YORK AVE ST CLOUD, FL 34769-3361		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1861954	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HODGINS, CHARLES 12 WYOMING AVE SAINT CLOUD, FL 34769			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HODGINS, CHARLES		NAME		
STREET ADDRESS	12 WYOMING AVE		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP		
TITLE	JUPD	<input type="checkbox"/> Delete	TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZARAJCZYK, RON		NAME		
STREET ADDRESS	3227 HUNTERS CHASE LOOP		STREET ADDRESS	802 Wyoming Ave	
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP	SAINT CLOUD, FL 34769	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, CHARLES		NAME		
STREET ADDRESS	801 CALIFORNIA AVE		STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD, FL 34769		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, JACK		NAME		
STREET ADDRESS	1700 EASTERN AVE		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIPSON, JIM		NAME		
STREET ADDRESS	1417 SUGARBERRY LANE		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34772		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	JR. V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ASHBAUGH, WILLIAM		NAME	HEITH YEAGER	
STREET ADDRESS	1103 WISCONSIN AVE		STREET ADDRESS	503 CONNECTICUT AVE	
CITY-ST-ZIP	SAINT CLOUD, FL 34769		CITY-ST-ZIP	SAINT CLOUD FL 34769	
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: 				Date: 407-892-2608 Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					