

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752229

FILED
Jan 04, 2005
Secretary of State

Entity Name: V.F.W. POST NO. 3227, HOME ASSOCIATION

Current Principal Place of Business:

915 NEW YORK AVE
ST CLOUD, FL 347693361

New Principal Place of Business:

Current Mailing Address:

915 NEW YORK AVE
ST CLOUD, FL 347693361

New Mailing Address:

FEI Number: 59-1861954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGINS, CHARLES
12 WYOMING AVE
SAINT CLOUD, FL 34769 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HODGINS, CHARLES
Address: 12 WYOMING AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: VS () Delete
Name: ZARAJCZYK, RON
Address: 802 WYOMING AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: T () Delete
Name: HALL, CHARLES
Address: 801 CALIFORNIA AVE
City-St-Zip: ST CLOUD, FL 34769

Title: T () Delete
Name: MURPHY, JACK
Address: 1700 EASTERN AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: CD () Delete
Name: GIPSON, JIM
Address: 1417 SUGARBERRY LANE
City-St-Zip: SAINT CLOUD, FL 34772

Title: JRV (X) Delete
Name: HEITH, YEAGER
Address: 503 CONNECTICUT AVE
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SRV (X) Change () Addition
Name: HUGHES, TERRY
Address: 9355 ATLAS DR.
City-St-Zip: SAINT CLOUD, FL 34773

Title: T (X) Change () Addition
Name: MURPHY, JOHN F
Address: 1700 EASTERN AVE.
City-St-Zip: ST CLOUD, FL 347695440

Title: JRV (X) Change () Addition
Name: KELLY, LEE
Address: P.O. BOX 452025
City-St-Zip: KISSIMMEE, FL 347452025

Title: ADJ (X) Change () Addition
Name: ZARAJCZYK, RON
Address: 802 WYOMING AVE.
City-St-Zip: SAINT CLOUD, FL 34769

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F. MURPHY

T

01/04/2005

Electronic Signature of Signing Officer or Director

_____ Date