

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **752974** (6)

1. Corporation Name

MICCO POST 4425, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business

Mailing Address

% C. SEWARD
624 BAREFOOT BLVD
BAREFOOT BAY FL 32976

% C. SEWARD
624 BAREFOOT BLVD
BAREFOOT BAY FL 32976

59-1905860 C. Seward

3. Date Incorporated or Qualified 06/16/1980	3a. Date of Last Report 01/27/1995
4. FEI Number 59-1905860	<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**SEWARD, CHARLES O.
624 BAREFOOT BLVD.
BAREFOOT BAY FL 32976**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEWARD, CHARLES O	1.2 NAME	
STREET ADDRESS	624 BAREFOOT BL	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGIRR, JOHN P SR	2.2 NAME	
STREET ADDRESS	2129 W. NEW HAVEN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERIDGE, EDWIN	3.2 NAME	D
STREET ADDRESS	BOX 34D	3.3 STREET ADDRESS	BABECKI, ALFRED J.
CITY-ST-ZIP	GARRETT KY 41630	3.4 CITY-ST-ZIP	915 HENLOCK ST.
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMRECK, HERBERT F	4.2 NAME	
STREET ADDRESS	932 BAREFOOT BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, CORNELIUS T	5.2 NAME	
STREET ADDRESS	635 E HYACINTH CIR	5.3 STREET ADDRESS	600001728856
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	5.4 CITY-ST-ZIP	-03/01/96--01020--010
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISTRON, BRUNO	6.2 NAME	***61.25
STREET ADDRESS	1001 BAREFOOT BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles O. Seward 1/27/96 1-407-664-8988

CR2E037 (12/95)