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Feb 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752974 (6)  
1. Corporation Name  
MICCO POST 4425, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business % C. SEWARD 624 BAREFOOT BLVD BAREFOOT BAY FL 32976	Mailing Address % C. SEWARD 624 BAREFOOT BLVD BAREFOOT BAY FL 32976-7301
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3. Date Incorporated or Qualified 06/16/1980	3a. Date of Last Report 02/29/1996
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2. Principal Place of Business 21 VFW Post #4425 Suite, Apt. #, etc. 22	2a. Mailing Address 26 VFW Post #4425 Suite, Apt. #, etc. 27 PO Box 770-102 City & State 28 Barefoot Bay, FL Zip 29 32976 Country 25 USA
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4. FEI Number 59-1905860	Applied For 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	

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 Robert P. Fitzgerald  
82 Street Address (P.O. Box Number is Not Acceptable)  
913 SW Cashew Cir.  
83  
84 City Barefoot Bay FL 85 Zip Code 32976

11. 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 Robert P. Fitzgerald, Director  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE 2/21/97

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SEWARD, CHARLES O	
STREET ADDRESS	624 BAREFOOT BL	
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCGIRR, JOHN P SR	
STREET ADDRESS	2129 W. NEW HAVEN AVE.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BABECKI, ALFRED J	
STREET ADDRESS	915 HEMLOCK ST.	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TIMRECK, HERBERT F	
STREET ADDRESS	932 BAREFOOT BLVD	
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RILEY, CORNELIUS T	
STREET ADDRESS	635 E HYACINTH CIR	
CITY-ST-ZIP	BAREFOOT BAY, FL 32976	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MISTRON, BRUNO	
STREET ADDRESS	1001 BAREFOOT BLVD.	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert P. Fitzgerald	
1.3 STREET ADDRESS	913 SW Cashew Cir.	
1.4 CITY-ST-ZIP	Barefoot Bay, FL 32976	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Eugene J. Henry	
2.3 STREET ADDRESS	716 Amaryllis Dr.	
2.4 CITY-ST-ZIP	Barefoot Bay, FL 32976	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard G. Higgins	
4.3 STREET ADDRESS	1169 W. Barefoot Cir.	
4.4 CITY-ST-ZIP	Barefoot Bay, FL 32976	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	William J. Hulsart	
6.3 STREET ADDRESS	717 N. Gladiolus Dr.	
6.4 CITY-ST-ZIP	Barefoot Bay, FL 32976	

14. I do 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 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: *Alfred J. Babecki* Alfred J. Babecki 2/21/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021073

CR2E037 (9/96)