


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90028 029 ****61.25

DOCUMENT # 752974 1. Entity Name MICCO POST 4425, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business VFW POST 4425 BAREFOOT BAY FL 32976 US			Mailing Address VFW POST 4425 PO BOX 770-102 BAREFOOT BAY FL 32976 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1905860	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERT P FITZGERALD 913 SW CASHEW CIR BAREFOOT BAY FL 32976				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: 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 NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT P FITZGERALD <input type="checkbox"/> Delete 913 SW CASHEW CIR BAREFOOT BAY, FL 32976		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 913 CASHEW CIR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUGENE J HENRY <input type="checkbox"/> Delete 716 AMARYLLIS DR BAREFOOT BAY FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABECKI, ALFRED J <input type="checkbox"/> Delete 915 HEMLOCK ST. BAREFOOT BAY FL 32976		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, RENE L <input type="checkbox"/> Delete 1003 S ORIOLE BAREFOOT BAY FL 32976		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1003 ORIOLE CIR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, CORNELIUS T <input type="checkbox"/> Delete 635 E HYACINTH CIR BAREFOOT BAY, FL 32976		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCALLISTER, DAVID E <input type="checkbox"/> Delete 1231 CALUSA DR SEBASTIAN FL 32976		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BAREFOOT BAY FL 32976	
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: <i>Robert P. Fitzgerald</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-19-04 772 664 4158 Date Daytime Phone #		