

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90127 005 \*\*\*\*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

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1905860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 D ☐ Delete  
NAME ROBERT P FITZGERALD  
STREET ADDRESS 913 CASHEW CIR.  
CITY-ST-ZIP BAREFOOT BAY FL 32976

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME EUGENE J HENRY  
STREET ADDRESS 716 AMARYLLIS DR  
CITY-ST-ZIP BAREFOOT BAY FL

TITLE ☒ Change ☐ Addition  
NAME Joseph S. WALKER  
STREET ADDRESS 1209 MARIGOLD DR.  
CITY-ST-ZIP BAREFOOT BAY FL 32976

TITLE D ☐ Delete  
NAME BABECKI, ALFRED J  
STREET ADDRESS 915 HEMLOCK ST.  
CITY-ST-ZIP BAREFOOT BAY FL 32976

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SMITH, RENE L  
STREET ADDRESS 1003 ORIOLE CIR  
CITY-ST-ZIP BAREFOOT BAY FL 32976

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RILEY, CORNELIUS T  
STREET ADDRESS 635 E HYACINTH CIR  
CITY-ST-ZIP BAREFOOT BAY, FL 32976

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MCALLISTER, DAVID E  
STREET ADDRESS 1231 CALUSA DR  
CITY-ST-ZIP BAREFOOT BAY FL 32976

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Robert P. Fitzgerald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-06 772 664 4158  
Date Daytime Phone #