

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

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90013 012 ****70.00

DOCUMENT # N03000004204

1. Entity Name

**THE MEN'S AUXILIARY UNIT OF THE GREATER
BEACHES POST 3270, VETERANS OF FOREIGN WARS**



Principal Place of Business

**915 8TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32250**

Mailing Address

**915 8TH AVENUE SOUTH
JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

16-1680987

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

**O'NEILL, KAREN B
1009 21ST STREET NORTH
JACKSONVILLE BEACH FL 32250**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE PD ☐ Delete
NAME MATHIS, HAROLD G
STREET ADDRESS 2140 FEATHERWOOD DRIVE W
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE TD ☐ Delete
NAME STONE, KIRK L
STREET ADDRESS 929 12TH STREET NORTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE VD ☐ Delete
NAME SULLIVAN, NORMAN
STREET ADDRESS 2077 CORONA COURT
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE VD ☐ Delete
NAME BARKER, MICHAEL W JR.
STREET ADDRESS 1103 SEABREEZE AVENUE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE SD ☐ Delete
NAME BUYDASZ, STEVE
STREET ADDRESS 712 9TH STREET SOUTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE D ☐ Delete
NAME JOHNSON, GERALD
STREET ADDRESS 203 BAY STREET
CITY-ST-ZIP NEPTUNE BEACH FL 32266

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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: Kirk L Stone (Treasurer)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/04 (904) 759-1552
Date Daytime Phone #