

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90047 008 \*\*\*\*61.25

**DOCUMENT # N04000006778**

1. Entity Name

NYCPD VETERANS FOUNDATION, INC.



Principal Place of Business

P.O. BOX 1013  
LECANTO FL 34460

Mailing Address

P.O. BOX 1013  
LECANTO FL 34460

30010410



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-8709322

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

CARROLL, RICHARD J  
2778 W AXELWOOD DR  
BEVERLY HILLS FL 34465

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, 2005**

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 P ☐ Delete  
NAME CARROLL, RICHARD J  
STREET ADDRESS 2778 W AXELWOOD DR  
CITY-ST-ZIP BEVERLY HILLS FL 34465

TITLE V ☐ Delete  
NAME LETIZIA, LEONARD  
STREET ADDRESS 14153 SCRUB OAK LA  
CITY-ST-ZIP BROOKVILLE FL 34613

TITLE V ☐ Delete  
NAME CROCITTO, JOSEPH  
STREET ADDRESS 69 WATCHOGUE RD  
CITY-ST-ZIP STATEN ISLAND NY 10314

TITLE S ☐ Delete  
NAME WEINHAUER, ALFRED  
STREET ADDRESS 1706 KIHSMERE DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE T ☐ Delete  
NAME MONTELEONE, JOSEPH  
STREET ADDRESS 3221 SHITE IBIS CIR #B1  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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 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 title empowered.

SIGNATURE:

*Richard J. Carroll*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05

Date

352-527-0347

Daytime Phone #