

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000002738

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** MEN'S AUXILIARY TO THE VETERANS OF FOREIGN WARS POST 10167 INC.

**Current Principal Place of Business:**

4619 BARTELT RD.  
HOLIDAY, FL 34690

**New Principal Place of Business:**

**Current Mailing Address:**

4619 BARTELT RD.  
HOLIDAY, FL 34690

**New Mailing Address:**

**FEI Number:** 27-2146823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCARTHY, FRANK  
1826 SPECK DRIVE  
HOLIDAY, FL 34691 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BYRD, JANES  
**Address:** 2116 DIXIE GARDEN LOOP  
**City-St-Zip:** HOLIDAY, FL 34690

**Title:** VP  
**Name:** THOMPSON, THOMAS  
**Address:** 4699 CONTINENTAL DR., LOT 510  
**City-St-Zip:** HOLIDAY, FL 34690

**Title:** S  
**Name:** GERRY, WILLIAM  
**Address:** 3917 STRATFIELD DR.  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

**Title:** T  
**Name:** MCCARTHY, FRANK  
**Address:** 1826 SPECK DRIVE  
**City-St-Zip:** HOLIDAY, FL 34691

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** FRANK MCCARTHY

TRES

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date