

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

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90013 046 ****61.25

DOCUMENT # N14872 1. Entity Name FORT PIERCE WESTSIDE POST NO. 8058 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business %PETER CAMACHO 3475 DOUGLAS RD FORT PIERCE FL 34951 US		Mailing Address %PETER CAMACHO PO BOX 1765 FORT PIERCE FL 34954-1765 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2311743	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMACHO, PETER 13501 OKEECHOBEE ROAD FORT PIERCE FL 34945				7. Name and Address of New Registered Agent 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. ☐ \$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	PD PACHECO, JOSEPH J 1116 CLUB DRIVE FORT PIERCE FL 34982 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KANE ROBERT F. 306 TROPICAL ISLES CIR FORT PIERCE, FL 34982 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KANE, ROBERT F 306 TROPICAL ISLA CIR FORT PIERCE FL 34982 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREGORY CROUCH 3484 SUNRISE BLVD FORT PIERCE, FL 34982 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMACHO, PETER 13501 OKEECHOBEE ROAD FORT PIERCE FL 34954 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEHL, HENRY 6122 NW DAROCO TERRACE PORT ST LUCIE FL 34948 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAGLE, PAUL 933 SW BAY STATE ROAD PORT ST LUCIE FL 34953 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACHECO, JOSEPH J 1116 CLUB DR. FORT PIERCE FL 34982 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHWARTZ, RICHARD 207 E ARBOR AVE PORT SAINT LUCIE FL 34952 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARD KEEGAN 15094 AGUILA AVE FORT PIERCE FL 34951 ☐ Change ☒ Addition		
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: PETER CAMACHO TREASURER <i>Peter Camacho</i> MAR. 2, 2004 772-464-1830 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					