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

DOCUMENT # N14872

1. Entity Name

FORT PIERCE WESTSIDE POST NO. 8058 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



FILED Feb 21, 2005 8:00 am Secretary of State

02-21-2005 90082 025 ****61.25

OF TOREIGN WARS OF THE DIVITED STATES, INC.				WE I F	_					
Principal Place of Business Mailing Address]					
%PETER CAMACHO 3475 DOUGLAS RD FORT PIERCE FL 34951 US		%PETER CAMACHO PO BOX 1765 FORT PIERCE FL 34954-1765 US)	E 2181 81811 81811 818	II eil r eilh ei	AIIIAH BA 1856	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·	1st MC	OORE	ÇR2E037	(10/04)		
City & State		City & State			4. FEI Number 5	9-231174	3		pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired		8.75 Add ee Require		
	6. Name and Address of Current	Registered Agent	stered Agent			7. Name and Address of New Registered Agent				
and the second s				Name						
CAM 1350	ACHO, PETER 01 OKEECHOBEE ROAD		Street.	Street Address (P.O. Box Number is Not Acceptable)						
FOR ⁻	T PIERCE FL 34945									
			City	ity			FL	Zip Cod	e	
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										
CROSS SERVICES NAME					, 3 ,	Carana and an area	200 0000 200 000	A CONTRACTOR AND ADDRESS OF THE ADDR	o november see a co	
F	ILE NOW: FEE IS \$61.25 Due By May 1, 2005	paign Financing ontribution.		\$5.00 May Be Added to Fees		ike Check da Departi				
40	OFFICERS AND DI	TOTO DO	T 44		ADDITIONS IOLIANO	TO TO OFFICE	DO AND DIO	PATODO IN	140	
10.	OFFICERS AND DIE		11.	Т	ADDITIONS/CHANGE	28 TO OFFICE				
1 11166	KANE, ROBERT F	™ Delete	TITLE NAME	VP	MES ADA	Ms		⅓ Change	☐ Addition	
10.00	306 TROPICAL ISLES CIR		STREET ADDRESS	17.4	5 MARGA	RAST A	ANN L	ANE		
CITY-ST-ZIP	FORT PIERCE FL 34982		CITY-ST-ZIP		RT PIERCE					
TITLE	VP	Delete Delete	TITLE	PD	· · · · · · · · · · · · · · · · · · ·			Change	Addition	
1	CROUCH, GREGORY		NAME		WUCH, GI	REGOR		_ `	_	
STREET ADDRESS	3484 SUNRISE BLVD		STREET ADDRESS		184 SUNRI					
CITY-ST-ZIP	FORT PIERCE FL 34982		CITY-ST-ZIP	150	THE PIERC	FLA	3498	2		
TITLE	T	Delete	INTLE					Change_	☐ Addition	
	CAMACHO, PETER		NAME							
1 1.	13501 OKEECHOBEE ROAD		STREET ADDRESS							
	FORT PIERCE FL 34954		CITY-ST-ZIP							
I IIILE	D DIEHL, HENRY	☐ Delete	TITLE	ļ				☐ Change	☐ Addition	
Tenanc .	6122 NW DAROCO TERRACE		NAME							
Officer Robiness	PORT ST LUCIE FL 34948		STREET ADDRESS CITY-ST-ZIP							
OTT DE EN	D	· □ 5.00						Change	Addition	
TITLE NAME	PACHECO, JOSEPH J	• Delete	TITLE NAME					☐ Change	Addition	
	1116 CLUB DR		STREET ADDRESS							
	FORT PIERCE FL 34982		CITY-ST-ZIP							
TITLE	SD	☐ Delete	TITLE		•			☐ Change	Addition	
NAME I	KEEGAN, RICHARD	Doi:00	NAME							
SINEEL MODULESS	15094 AGUILA AVE		STREET ADDRESS	İ	•					
CITY-ST-ZIP	FORT PIERCE FL 34951		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										

12. I hereby certify that the information supplied with this filing does not quality 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 Peter Command

FEB 17, 2005 772-464-1830