


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90065 001 ***122.50

DOCUMENT # N34354	
1. Entity Name WALTER R. MICKENS POST NUMBER 6021. VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.	

Principal Place of Business 803 EMMA STREET KEY WEST, FL 33040 US	Mailing Address POST OFFICE BOX 903 KEY WEST, FL 33040 US
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DO NOT WRITE IN THIS SPACE



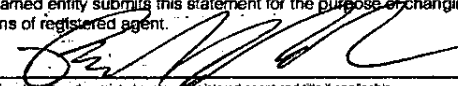
02232004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6162528	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RICHARDSON, PAUL 913 TERRY LANE KEY WEST, FL 33040
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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 	DATE 3-01-04
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, PAUL 913 TERRY LANE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAMES, ROBERT L. 314 CATHERINE STREET KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FISHER, ALVIN A 10-B FORT VILLAGE APTS. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PLANAS, JOSE 711 OLIVIA STREET KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.	
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SIGNATURE: 	DATE 3-01-04	DAYTIME PHONE # 305 292 4126
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		