

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90196 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**

66007337



DO NOT WRITE IN THIS SPACE

01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-6162528
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RICHARDSON, PAUL
913 TERRY LANE
KEY WEST, FL 33040**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RICHARDSON, PAUL
STREET ADDRESS	913 TERRY LANE
CITY-STATE-ZIP	KEY WEST, FL 33040
TITLE	VD
NAME	JAMES, ROBERT L.
STREET ADDRESS	314 CATHERINE STREET
CITY-STATE-ZIP	KEY WEST, FL
TITLE	TD
NAME	FISHER, ALVIN A
STREET ADDRESS	10-B FORT VILLAGE APTS.
CITY-STATE-ZIP	KEY WEST, FL 33040
TITLE	S
NAME	PLANAS, JOSE
STREET ADDRESS	711 OLIVIA STREET
CITY-STATE-ZIP	KEY WEST, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-2005
Date Daytime Phone #