

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90007 020 ****70.00

DOCUMENT # N35265

1. Entity Name
VETERANS' MEMORIAL, INC.



Principal Place of Business

982 A PONDELLA RD.
NORTH FORT MYERS, FL 33903
89 crescent LK DR.
N. FT. MYERS, FL 33917

Mailing Address

982 PONDELLA RD.
NORTH FORT MYERS, FL 33903
89 crescent LK DR.
N. FT. MYERS, FL 33917

54062680



07122004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
65-0165093

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RENNEY, RICHARD J
89 CRECENT LAKE DRIVE
N. FORT MYERS, FL 33917

**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

Richard Renney

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RENNEY, RICHARD J
STREET ADDRESS 89 CRESCENT DR
CITY-ST-ZIP N. FORT MYERS, FL 33917

TITLE D
NAME RENNEY, RUSSELL
STREET ADDRESS 89 CRESCENT LK DR
CITY-ST-ZIP NORTH FORT MYERS, FL

TITLE D
NAME RENNEY, MARK T
STREET ADDRESS 89 CRESCENT DR
CITY-ST-ZIP NORTH FORT MYERS, FL 33917

TITLE T
NAME MIZE, BRANDIE
STREET ADDRESS 1000 SW 37 STREET
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-04

Date

239-2185566

Daytime Phone #