


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90571 021 ****61.25

DOCUMENT # N93000001193 1. Entity Name V.F.W. POST 6370, INC.					
Principal Place of Business P.O. BOX 1984 MARCO ISLAND, FL 34146			Mailing Address P.O. BOX 1984 MARCO ISLAND, FL 34146		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0266263	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OSTROM, EUGENE W. 1049 COTTONWOOD CT MARCO ISLAND, FL 34145				7. Name and Address of New Registered Agent Name CAPILETS, JOSEPH C. Street Address (P.O. Box Number is Not Acceptable) 394 ORTEGA LANE City MARCO ISLAND FL Zip Code 34145	
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 <i>Joseph C. Capilets</i> JOSEPH C. CAPILETS QUARTERMASTER 4/14/05 <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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 T NAME SUROVIK, RICHARD STREET ADDRESS 1667 BARBADOS COURT CITY-ST-ZIP MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete		TITLE T NAME LANG, JAMES M. STREET ADDRESS 836 SATURN CT. CITY-ST-ZIP MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME JOHNSON, WES STREET ADDRESS 837 BUTTWOOD CT CITY-ST-ZIP MARCO ISLAND, FL	<input checked="" type="checkbox"/> Delete		TITLE T NAME GRIVICH, ROBERT J. STREET ADDRESS 720 N. KENDALL DR. CITY-ST-ZIP MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME RUBENSTEIN, LEE STREET ADDRESS 16550 BRIERWOOD CT. CITY-ST-ZIP MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete		TITLE T NAME OSTROM, EUGENE W. STREET ADDRESS 1049 COTTONWOOD CT. CITY-ST-ZIP MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE POST COMMANDER NAME DETLOFF, GERALD F. STREET ADDRESS 1342 APATAKI CT. CITY-ST-ZIP MARCO ISLAND, FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Gerald F. Detloff</i> GERALD F. DETLOFF 4/14/05 (239)399-2145 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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