


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90038 008 ****61.25

DOCUMENT # N94000002079					
1. Entity Name JOE NIC BARCO MEMORIAL VFW POST 7122 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 8191 SOUTH FLORIDA AVENUE FLORAL CITY, FL 34436			Mailing Address POST OFFICE BOX 1119 FLORAL CITY, FL 34436		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3213394				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERGUSON, TERRY 8380 US COVE FLORAL CITY, FL 34436			Name JAMES L.W. OLVER		
			Street Address (P.O. Box Number is Not Acceptable)		
			7817 E SPANISH TRAIL E		
			City FLORAL CITY		FL
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 _____ <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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAKER, ROBERT V		NAME	JAMES L.W. OLVER	
STREET ADDRESS	2395 N ANNAPOLIS AVE		STREET ADDRESS	7817 E SPANISH TRAIL	
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, DEVON P		NAME	WILLIAM A SHAW	
STREET ADDRESS	8360 S COVE PT		STREET ADDRESS	9222 E KENOSHA CT	
CITY-ST-ZIP	FLORAL CITY, FL 34436		CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYER-STAKER, DENISE		NAME	CHARLES F MARSH	
STREET ADDRESS	2395 N. ANNAPOLIS AVE		STREET ADDRESS	8237 S FLORIDA AVE	
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP	FLORAL CITY, FL 34436	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, JOEL		NAME		
STREET ADDRESS	3335 S ROYAL OAKS DR		STREET ADDRESS		
CITY-ST-ZIP	INVERNESS, FL 34452		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: JAMES L.W. OLVER			Date: James L.W. Olver 4-19-04		Daytime Phone #: 352-637-0100
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>