2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000002079



FILED Apr 20, 2004 8:00 am Secretary of State 04-20-2004 90038 008 ****61.25

JOE NIC VETERAN STATES,	BARCO MEMORIAL VFW I NS OF FOREIGN WARS O	POST 7122 F THE UNITED			-20 - 2004 90036 0	06 01	25
Principal Place 8191 SOUTH FLORAL CITY	FLORIDA AVENUE	Mailing Address POST OFFICE BOX 1119 FLORAL CITY, FL 34436		1 (##7)(B) P1# (B)()	ion etai ook ook eek eek sek		NFI BI (18)
2. Principal P	ace of Business	3. Mailing Address	Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		g-NP CR2E03	37 (10/03)	
City & State		City & State	City & State		4		plied For t Applicable
Zip	• Country	Zip	Country	5. Certificate of Sta	atus Desired 🔲	\$8.75 Add Fee Required	itional
	6. Name and Address of Current	Registered Agent		7. Name and Add	ess of New Registered	Agent	
			Name _		OLVER		
FERGUSON, TERRY 8380 US COVE				AMES L.W. OLVER uss (P.O. Box Number is Not Acceptable)			
FLORAL CITY, FL 34436			781	7817 E SPANISH TRAIL E			
	····	ORAL CITY	FL	- 1-2 4 4 5	6		
	named entity submits this statement to ions of registered agent.	or the purpose of changing its r	egistered office or re	egistered agent, or both, in	the State of Florida, I am	tamiliar with,	and accept
,							
SIGNATURE .	Signature, typed or printed name of registered agent	and the 4 confeable (NOTE:	Registered Agent signature r	required when reinstaling)	DATE		
S- 4 - 4	organia e, typed in principal and an egyptime of agent			- cquite more conveniency			
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution.				
	· · · · ·			\$5.00 May Be Added to Fees	Make chec Florida Depar	k payable to rtment of St	
	Due by May 1, 2004	Trust Fund C	ontribution.	Added to Fees	Florida Depar	rtment of St	ate
10.	· · · · ·	Trust Fund Co	ontribution.	Added to Fees		RECTORS IN	ate
	Due by May 1, 2004 OFFICERS AND DI	Trust Fund C	ontribution.	Added to Fees ADDITIONS/CHANGE	Fiorida Depar	rtment of St	10
10. ΠΠ.Ε	OFFICERS AND DI	Trust Fund Co	Ontribution. 11. TITLE C NAME C STREET ADDRESS 7	Added to Fees ADDITIONS/CHANGE D TAMES L.W OL	Florida Depar S TO OFFICERS AND DI VER SHITIRAIL	RECTORS IN Change	10
TO. TITLE NAME	OFFICERS AND DI D STAKER, ROBERT V	Trust Fund Co	Ontribution. 11. TITLE C NAME C STREET ADDRESS 7	Added to Fees ADDITIONS/CHANGE	Fiorida Depar	RECTORS IN Change	10
TITLE NAME STREET ADDRESS	Due by May 1, 2004 OFFICERS AND DI D STAKER, ROBERT V 2395 N ANNAPOLIS AVE HERNANDO, FL 34442 VD	Trust Fund Co	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE V	Added to Fees ADDITIONS/CHANGE D TAMES L.W OL 1817 E SPANI TLORAL CITY ID	Florida Departs 10 OFFICERS AND DI VER SH TIPAIL FL 34436	RECTORS IN Change	10
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2004 OFFICERS AND DI D STAKER, ROBERT V 2395 N ANNAPOLIS AVE HERNANDO, FL 34442 VD REED, DEVON P	Trust Fund Consections	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE V	Added to Fees ADDITIONS/CHANGE D TAMES L.W OL 1817 E SPANI TLORAL CITY ID	Florida Departs 10 OFFICERS AND DI VER SH TIPAIL FL 34436	RECTORS IN Change	10 Addition
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2004 OFFICERS AND DI D STAKER, ROBERT V 2395 N ANNAPOLIS AVE HERNANDO, FL 34442 VD REED, DEVON P 8360 S COVE PT	Trust Fund Consections	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS GIFTER ADDRESS	Added to Fees ADDITIONS/CHANGE TAMES L.W OL 1817 E SPANI LORAL CITY ID UILIAM A SHAW 222 E KENOSH	Florida Departs 10 OFFICERS AND DI	RECTORS IN Change	10 Addition
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2004 OFFICERS AND DI D STAKER, ROBERT V 2395 N ANNAPOLIS AVE HERNANDO, FL 34442 VD REED, DEVON P 8360 S COVE PT FLORAL CITY, FL 34436	Trust Fund Co	ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP E	Added to Fees ADDITIONS/CHANGE TAMES L.W OLE 1817 E SPANI LORAL CITY ID UILLIAM A SHAW 222 E KENOSH LORAL CITY	FL 34436	RECTORS IN Change	10 Addition
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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.

GNATURE: JAMES L.W OLVER Jumes J.W. Chuler 1970 352-637.6106

SIGNATURE: JAMES L.W OLVER Jumes of SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAJO OFFICER OR ORECTOR