


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

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 Mailing Address

8191 SOUTH FLORIDA AVENUE **POST OFFICE BOX 1119**
FLORAL CITY, FL 34436 **FLORAL CITY, FL 34436**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP GR2E037 (10/03)

4. FEI Number **59-3213394** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OLVER, JAMES L. W.
7817 E SPANISH TRAIL E.
FLORAL CITY, FL 34436

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: *James L. W. Olver* 01-11-05
(Print, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY - ST - ZIP	D OLVER, JAMES L. W 7817 E SPANISH TRAIL FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHAW, WILLIAM A 9000 E KENOSHA CT FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARSH, CHARLES F 8237 S FLORIDA AVE FLORAL CITY, FL 34436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000194529
 01/25/05-80104-018 61.25

DO NOT WRITE 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: *James L. W. Olver* 01-11-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #