

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Oct 13, 2005
Secretary of State**

DOCUMENT# N94000002079

Entity Name: JOE NIC BARCO MEMORIAL VFW POST 7122 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**Current Principal Place of Business:**8191 SOUTH FLORIDA AVENUE
FLORAL CITY, FL 34436**New Principal Place of Business:****Current Mailing Address:**POST OFFICE BOX 1119
FLORAL CITY, FL 34436**New Mailing Address:**

FEI Number: 59-3213394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:OLVER, JAMES L. W.
7817 E SPANISH TRAIL E.
FLORAL CITY, FL 34436 US**Name and Address of New Registered Agent:**SHAW, WILLIAM A
9222 E. KENOSHA CT.
FLORAL CITY, FL 34436 US

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.

SIGNATURE: WILLIAM A. SHAW

10/13/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: OLVER, JAMES L. W
Address: 7817 E SPANISH TRAIL
City-St-Zip: FLORAL CITY, FL 34436Title: VD () Delete
Name: SHAW, WILLIAM A
Address: 9000 E KENOSHA CT
City-St-Zip: FLORAL CITY, FL 34436Title: T () Delete
Name: MARSH, CHARLES F
Address: 8237 S FLORIDA AVE
City-St-Zip: FLORAL CITY, FL 34436**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change () Addition
Name: SHAW, WILLIAM A
Address: 9222 E. KENOSHA CT.
City-St-Zip: FLORAL CITY, FL 34436Title: VD (X) Change () Addition
Name: HUGHES, JOEL T
Address: 3335 S. ROYAL OAKS DR.
City-St-Zip: INVERNESS, FL 34452Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM A. SHAW

D

10/13/2005

Electronic Signature of Signing Officer or Director

Date