

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 07, 2006  
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:**

SHAW, WILLIAM A  
9222 E. KENOSHA CT.  
FLORAL CITY, FL 34436      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SHAW, WILLIAM A  
Address: 9222 E. KENOSHA CT.  
City-St-Zip: FLORAL CITY, FL 34436

Title: VD      ( ) Delete  
Name: HUGHES, JOEL T  
Address: 3335 S. ROYAL OAKS DR.  
City-St-Zip: INVERNESS, FL 34452

Title: 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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) 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 Chapter 119, 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

02/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date