





2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90039 024 ****70.00

DOCUMENT # N94000002690					
1. Entity Name BISHOP CHARLES B. MCLAUGHLIN POST 1917, CATHOLIC WAR VETERANS OF THE UNITED STATES OF AMERICA, I					
Principal Place of Business 3167 SAND TRAP COURT LAKE LAND, FL 33809			Mailing Address 3167 SAND TRAP COURT LAKE LAND, FL 33810		
2. Principal Place of Business 210 W. LEMON ST. Suite, Apt. #, etc. P.O. BOX 30		3. Mailing Address 2035 CONRAD ST Suite, Apt. #, etc.		 07132005 Chg-NP CR2E037 (10/03)	
City & State LAKE LAND FL		City & State LAKE LAND, FL			
Zip 33802		Zip 33801			
Country USA		Country USA			
4. FEI Number 59-3153597				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SMITH, SERAL A 3167 SAND TRAP COURT LAKE LAND, FL 33809 DECEASED			7. Name and Address of New Registered Agent Name RALPH L. BURZYNSKI Street Address (P.O. Box Number is Not Acceptable) 2035 CONRAD STREET City LAKE LAND FL Zip Code 33801		
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 RALPH L. BURZYNSKI  DATE 7/13/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reissuing)</small>					
Filing Fee is \$61.25 Due by: September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	TR UNSER, LOREN E. 4747 N RD 33 LAKE LAND, FL 33805	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR RALPH L. BURZYNSKI 2035 Conrad St. LAKE LAND, FL, 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GERETY, STEPHEN P. 5011 ALDERMAN RD LAKE LAND, FL 33810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMMANDER STEVE JONES 820 CUMBERLAND ST LAKE LAND, FL, 33801-5577	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SKOKAN, OTTO 1323 LAKE BONNY DR W LAKE LAND, FL 33801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, SERAL A 3167 SAND TRAP COURT LAKE LAND, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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  STEVE V. JONES COMMANDER 7/15/05 (863) 688-8787 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					