


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 19, 2004 8:00 am**  
**Secretary of State**

08-04-2004 90014 012 \*\*\*\*70.00

<b>DOCUMENT # N94000003380</b>					
1. Entity Name <b>NAPLES MEMORIAL POST NO. 7369 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.</b>					
Principal Place of Business <b>2405 LINWOOD AVE NAPLES FL 34112 US</b>			Mailing Address <b>2405 LINWOOD AVE NAPLES FL 34112 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0463066</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ULRICH, ROBERT M 1462 LA PETITE CT NAPLES FL 34104</b>				7. Name and Address of New Registered Agent Name <b>VIECHEC MICHAEL - COMMANDER</b> Street Address (P.O. Box Number is Not Acceptable) <b>653 13TH AVENUE S.</b> City <b>NAPLES</b> FL Zip Code <b>34102</b>	
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. <b>COMMANDER</b> SIGNATURE <b>MICHAEL VIECHEC</b> <i>Michael Viehec</i> DATE <b>7/29/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		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	DCDR SEWELL, JERRY C 3655 BOCA CIEGA DR., UNIT 314 NAPLES FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMMANDER VIECHEC, MICHAEL <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 653 13TH AVENUE S. NAPLES, FL. 34102		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM MACK, JOHN <input type="checkbox"/> Delete 1731 REUVEN CIR 4 NAPLES FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	READER PHILIP A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7340 PROVINCE WAY #3104 QUARTERMASTER NAPLES, FL. 34104		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ULRICH, ROBERT C C <input checked="" type="checkbox"/> Delete 1462 LA PETITE CT NAPLES FL 34104	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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		
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: <i>Philip A. Reader</i> <b>READER PHILIP A.</b>		DATE: <b>7/29/04</b>		DAYTIME PHONE #: <b>239-404-0181</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					