

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000431

FILED
Aug 08, 2004
Secretary of State

Entity Name: FORT PIERCE NORTHSIDE POST #10554 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

3035 N US ONE
FORT PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

3035 N US ONE
FORT PIERCE, FL 34946

New Mailing Address:

FEI Number: 65-0550895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASSEY, HERMAN
709 NE GALALEN ST.
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

MOORE, DONALD B
2509 N OLD DIXIE
FORT PIERCE, FL 34946 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: DONALD B MOORE

08/08/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOORE, DONALD B
Address: 2509 OLD DIXIE HWY
City-St-Zip: FORT PIERCE, FL 34946

Title: D () Delete
Name: GATH, WILLIAM
Address: 1917 WREN AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: D (X) Delete
Name: MASSEY, HERMAN
Address: 709 NE GALILEAN ST.
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOORE, DONALD B
Address: 2509 OLD N DIXIE HWY
City-St-Zip: FORT PIERCE, FL 34946

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 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: DONALD B MOORE

D

08/08/2004

Electronic Signature of Signing Officer or Director

Date