


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000000431	
1. Entity Name FORT PIERCE NORTHSIDE POST #10554 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.	

Principal Place of Business 3035 N US ONE FORT PIERCE, FL 34946	Mailing Address 3035 N US ONE FORT PIERCE, FL 34946
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0550895	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when changing)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORE, DONALD B 2509 OLD N DIXIE HWY FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GATH, WILLIAM 1917 WREN AVE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/11/05-80037-001 70.00

**DO NOT WRITE
IN THIS SPACE**

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: Donald B. Moore DONALD B. MOORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/05

772-461-1721

DATE

Daytime Phone