


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90071 037 ****70.00

DOCUMENT # N96000003745	
1. Entity Name	
BIG PINE KEY POST NO. 4729 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.	

Principal Place of Business	Mailing Address
31140 QUEASEAS HWY BIG PINE KEY FL 33043	P.O. BOX 43164 BIG PINE KEY FL 33043

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Po Box 43164	
City & State		City & State	
Zip		Zip	
Country		Country	
Big Pine Key FL		33043 Monroe	



1st MOORE CR2E037 (10/04)

4. FEI Number		Applied For	
65-0295683		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input checked="" type="checkbox"/>			
6. Name and Address of Current Registered Agent			
HUGHES, CHARLES L 29508 SARATOGA STREET BIG PINE KEY FL 33043			
7. Name and Address of New Registered Agent			
Name <u>Gerald B. Rodda</u>			
Street Address (P.O. Box Number is Not Acceptable)			
3745 Gumbo Limbo St.			
City <u>Big Pine Key</u>		FL Zip Code <u>33043</u>	

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 Gerald B. Rodda DATE 1-26-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERBIN, EDWARD J	NAME	
STREET ADDRESS	3753 GUMBO LIMBO ST.	STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL 33043	CITY-ST-ZIP	
TITLE	A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, CHARLES L	NAME	
STREET ADDRESS	29508 SARATOGA ST.	STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL 33043	CITY-ST-ZIP	
TITLE	QM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODDA, GERALD B	NAME	
STREET ADDRESS	3745 GUMBO LIMBO ST.	STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL 33043	CITY-ST-ZIP	
TITLE	SVC <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, ROBERT R	NAME	SVC
STREET ADDRESS	P.O. BOX 205	STREET ADDRESS	BARNES, WILLIAM F.
CITY-ST-ZIP	BIG PINE KEY FL 33043	CITY-ST-ZIP	PO BOX 59
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Big Pine Key, FL 33043
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Gerald B. Rodda Gerald B. Rodda 1-26-05 305-872-7301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #