

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90354 045 \*\*\*\*61.25

**DOCUMENT # N98000003200**

1. Entity Name  
MID-POINT CAPE CORAL POST 492, VETERANS OF  
FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business  
354 CONSTITUTION WAY  
NORHT FORT MYERS, FL 33917

Mailing Address  
VFW POST 492  
P.O. BOX 151716  
CAPE CORAL, FL 33915



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
65-0747157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMSDEIL, NIEL R  
354 CONSTITUTION WAY  
FORT MYERS, FL 33917-4035

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
CMDR  
RAMSDEIL, NIEL R  
354 CONSTITUTION WAY  
NORTH FORT MYERS, FL 339174035 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CMDR  
FAVALI, PAUL  
1016 EAST ARCHER PKWY  
CAPE CORAL, FL. 33904 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
JVC  
RAMSDEN, DARRÉLL  
241 SE 3RD ST.  
CAPE CORAL, FL 33990 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
JVC  
LIND, ALAN R  
2214 SE 14<sup>TH</sup> TERRACE  
CAPE CORAL, FL. 33990-1941 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
JVCD  
LIND, ALAN R  
2214 SE 14TH TERRACE  
CAPE CORAL, FL 339901941 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
JVCD  
CORDES, ROGER  
2232 SE 19TH AVENUE  
CAPE CORAL, FL. 33990-4210 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ADJV  
MEENEKE, RICHARD D  
904 ISLAMORADA BLVD.  
PUNTA GORDA, FL 339551865 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
  
  
  
  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
DUBUQUE, JOSEPH A  
226 SE 8 ST  
CAPE CORAL, FL 33990 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
  
  
  
  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
  
  
  
  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
  
  
  
  
☐ Change ☐ 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:**

*Joseph A. Dubuque*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/04

Date

Daytime Phone #