2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90194 006 ****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	Mailing Address
~~354 CONSTITUTION WAY~~ ~~NORTH FORT MYERS, FL 33917~~	VFW POST 492 P.O. BOX 151716 CAPE CORAL, FL 33915

03062005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
904 ISLAMORADA BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PUNTA GORDA	City & State
Zip: 33955 Country: FL	Zip Country

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
~~RAMSDELL, NIEL R~~ ~~354 CONSTITUTION WAY~~ ~~FORT MYERS, FL 33917-4035~~	Name: HEENEKE RICHARD Street Address (P.O. Box Number is Not Acceptable): 904 ISLAMORADA BLVD City: PUNTA GORDA FL Zip Code: 33955

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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	JVC LIND, ALAN R 2214 SE 14TH TERRACE CAPE CORAL, FL 339901941	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMMANDER HEENEKE, RICHARD 904 ISLAMORADA BLVD PUNTA GORDA, FL 33955-1865	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JVCD CORDES, ROGER 2232 SE 19TH AVENUE CAPE CORAL, FL 339904710	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SR. VICE COMMANDER FAVALI, PAUL PO BOX 151716 CAPE CORAL, FL. 33991-1716	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADJV NEENEKE, RICHARD D 904 ISLAMORADA BLVD. PUNTA GORDA, FL 339551865	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JR. VICE COMMANDER SCARLETT, HERBIE 208 LAKESIDE DR. N. FORT MYERS, FL. 33903-6652	☒ 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	QUARTERMASTER DUBUQUE, JOSEPH 226 SE 8TH ST. CAPE CORAL, FL. 33990-1500	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CMDR FAVALI, PAUL 1016 EAST ARCHER PKWY CAPE CORAL, FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SERVICE OFFICER FRAZIER, SIDNEY 5648 WOODROSE CT. APT L FORT MYERS, FL 33907	☒ 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 Dubuque JOSEPH A. DUBUQUE 4/26/05 239-772-0072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #