

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000003200

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



Principal Place of Business
904 ISLAMORADA BLVD.
PUNTA GORDA, FL 33955

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



04272006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

HEENEKE, RICHARD
904 ISLAMORADA BLVD.
PUNTA GORDA, FL 33955

**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 signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	HEENEKE, RICHARD
STREET ADDRESS	904 ISLAMORADA BLVD.
CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	SVC
NAME	FAVALI, PAUL
STREET ADDRESS	P.O. BOX 151716
CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	JVC
NAME	SCARLETT, HERBIE
STREET ADDRESS	268 LAKESIDE DRIVE
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	QM
NAME	DUBUQUE, JOSEPH
STREET ADDRESS	226 SE 8TH STREET
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	SO
NAME	FRAZIER, SIDNEY
STREET ADDRESS	5648 WOODROSE COURT, APT. 1
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/06-80004-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2006

Date

239-772-0022

Daytime Phone #