

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90024 009 ****61.25



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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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE

CR2E037 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0747157

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HEENEKE, RICHARD
904 ISLAMORADA BLVD.
PUNTA GORDA FL 33955

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

Richard Heeneke

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JVC	☒ Change ☐ Addition
NAME	CHOVAN PETER J.	
STREET ADDRESS	4213 7th PLACE	
CITY-ST-ZIP	CAPE CORAL, 33914	
TITLE	SEDC	☒ Change ☐ Addition
NAME	RAMSDEN, DARRELL S.	
STREET ADDRESS	241 SE 3RD	
CITY-ST-ZIP	CAPE CORAL, FL. 33990-1088	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	RAMSDELL NIEL R.	
STREET ADDRESS	14712 CONSTITUTION WAY	
CITY-ST-ZIP	N. FORT MYERS 33917-4053	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

JOSEPH DUBUQUE

4-30-2007 239-772-0072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #