2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#739125

FILED Jan 29, 2009 Secretary of State

Entity Name: HILLIARD POST 10095 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business: New Principal Place of Business:

37965 EASTWOOD ROAD HILLIARD, FL 32046 US

Current Mailing Address: New Mailing Address:

P.O. BOX 643

HILLIARD, FL 32046 US

FEI Number: 23-7078833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MASON, NATHAN V DAVIS, GAIL 37168 RUBY DRIVE

CALLAHAN, FL 32011 US HILLIARD, FL 32046 US

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.

SIGNATURE: GAIL DAVIS 01/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MASON, NATHAN Y Name: GAIL, DAVIS

 Name:
 MASON, NATHAN Y
 Name:
 GAIL, DAVIS

 Address:
 54129 SNWDER RD.
 Address:
 37168 RUBY DRIVE

 City-St-Zip:
 CALLAHAN, FL 32011 US
 City-St-Zip:
 HILLIARD, FL 32046 US

Title: Q () Delete Title: Q (X) Change () Addition Name: O'QUINN, JOSEPH H Name: CREWS, PHILLIP M

Address: 552155 US HWY 1 Address: 2598 DRURY FERRY LN
City-St-Zip: HILLIARD, FL 32046 City-St-Zip: HILLIARD, FL 32046

Title: S () Delete Title: S (X) Change () Addition

 Name:
 DAVIS, GAIL
 Name:
 WARD, JAMES T

 Address:
 37168 RUBY DRIVE
 Address:
 553004 US HWY 1

 City-St-Zip:
 HILLIARD, FL 32046
 City-St-Zip:
 HILLIARD, FL 32046

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP CREWS QM 01/29/2009