

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744960

FILED
Feb 11, 2008
Secretary of State

Entity Name: ARRANT SMITH POST NO. 4127 VETERANS OF FOREIGN WARS OF THE UNITED STATES INC.

Current Principal Place of Business:

601 N.E. 2ND. RD.
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

601 N.E. 2ND. RD.
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 59-1097344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTLOFF, DERALD D II
601 NE 3RD RD.
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CMDR () Delete
Name: HENDRICK, PETER M
Address: 18301 S.W. 293RD STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: QM () Delete
Name: ORTLOFF, DERALD D II
Address: 510 N.W. 21ST STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: ADJ () Delete
Name: BURKETT, ANDREW
Address: 3398 N.E. 9TH DRIVE #104
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ADJ (X) Change () Addition
Name: HANSON, VERNON
Address: 3398 N.E. 9TH DRIVE #104
City-St-Zip: HOMESTEAD, FL 33033

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: DERALD D. ORTLOFF II

_____ Electronic Signature of Signing Officer or Director

QM

02/11/2008

_____ Date