2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008
Secretary of State

DOCUMENT# 747262

Entity Name: NORTH FORT MYERS AMERICAN VETERANS POST 50, INC.

Current Principal Place of Business:

2705 GARDEN STREET
N FT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

2705 GARDEN STREET
N FT MYERS, FL 33917

New Mailing Address:

FEI Number: 59-2001743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOK, BRUCE
8415 TOLLES DR.
NORTH FORT MYERS, FL 33917 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:	CD	( ) Delete
Name:	COOK, BRUCE	
Address:	8415 TOLLES DR.	
City-St-Zip:	NORTH FORT MYERS, FL 33917	
Title:	JAD	( ) Delete
Name:	LIEBER, MARLENE E	
Address:	8416 HART DR	
City-St-Zip:	NORTH FORT MYERS, FL 33917	
Title:	PDM	( ) Delete
Name:	WENZEL, GERALD L	
Address:	1209 BISCAYNE DR.	
City-St-Zip:	CAPE CORAL, FL 33909	
Title:	FOD	( ) Delete
Name:	HAMMOCK, MELVIN	
Address:	8416 HART DR	
City-St-Zip:	NORTH FORT MYERS, FL 33917	
Title:	1VC	( ) Delete
Name:	MILLSPAUGH, DONALD V	
Address:	8416 HART DR	
City-St-Zip:	NORTH FORT MYERS, FL 33917	
Title:	2VC	( ) Delete
Name:	BONENBERGER, MARC	
Address:	P.O. BOX 3603	
City-St-Zip:	NORTH FORT MYERS, FL 33918	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: BRUCE COOK PRES 03/14/2008

Electronic Signature of Signing Officer or Director — Date