

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749266

FILED  
Jan 10, 2009  
Secretary of State

**Entity Name:** FLAGLER COUNTY POST NO. 5213, VETERANS OF FOREIGN WARS OF THE UNITED STATES

**Current Principal Place of Business:**

PO BOX 2075  
BUNNELL, FL 32110

**New Principal Place of Business:**

14 ZODIAC PLACE  
PALM COAST, FL 32164

**Current Mailing Address:**

PO BOX 2075  
BUNNELL, FL 32110

**New Mailing Address:**

14 ZODIAC PLACE  
PALM COAST, FL 32164

FEI Number: 23-7200605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WRIGHT, ROBERT HOWARD, M.D.  
14 ZODIAC PLACE  
PALM COAST, FL 321645873 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: C ( ) Delete  
Name: WRIGHT, DEIDRE J  
Address: 8 ZODIAC PLACE  
City-St-Zip: PALM COAST, FL 321645873

Title: V ( ) Delete  
Name: SHEEHAN, JAMES  
Address: P.O. BOX 1642  
City-St-Zip: FLAGLER BEACH, FL 321361642

Title: TD ( ) Delete  
Name: WRIGHT, ROBERT HOWARD  
Address: 14 ZODIAC PLACE  
City-St-Zip: PALM COAST, FL 321645873

Title: SD ( ) Delete  
Name: SHEEHAN, JAMES F  
Address: 1802 N. CENTRAL AVE.  
City-St-Zip: FLAGLER BCH., FL

**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: SD (X) Change ( ) Addition  
Name: SHEEHAN, JAMES F  
Address: 1802 N. CENTRAL AVE.  
City-St-Zip: FLAGLER BCH., FL 32136

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: ROBERT HOWARD WRIGHT, MD

QUAR

01/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date