

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 01, 2009  
Secretary of State

DOCUMENT# N03000004999

Entity Name: JOHN GRIFFIN POST #165, INC.

**Current Principal Place of Business:**

880 N.W. 54TH STREET  
MIAMI, FL 33127 US

**New Principal Place of Business:**

**Current Mailing Address:**

880 N.W. 54TH STREET  
MIAMI, FL 33127 US

**New Mailing Address:**

FEI Number: 65-0567676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLER, WILL H  
16811 N.W. 24TH AVENUE  
MIAMI GARDENS, FL 33056 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: COM ( ) Delete  
Name: MILLER, WILL H  
Address: 16811 NW 24TH AVE  
City-St-Zip: MIAMI, FL 33147

Title: VD ( ) Delete  
Name: COPELAND, JAMES  
Address: 960 NW 50TH STREET  
City-St-Zip: MIAMI, FL 33127

Title: SD ( ) Delete  
Name: JOHNSON, HORACE  
Address: 10431 SW 178TH STREET  
City-St-Zip: MIAMI, FL 33157

Title: T ( ) Delete  
Name: MILLER, WILL H  
Address: 16811 NW 24TH AVE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: SGT ( ) Delete  
Name: BARZEY, VINCENT  
Address: 5530 NW MIAMI CT.  
City-St-Zip: MIAMI, FL 33127

**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:

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: WILL H. MILLER

COMM

04/01/2009

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

\_\_\_\_\_  
Date