

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002537

FILED
Mar 21, 2009
Secretary of State

Entity Name: USS JAMES K. POLK VETERANS ASSOCIATION INC.

Current Principal Place of Business:

2910 KERRY FOREST PKWY SUITE D4-360
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

1411 W. AUTUMNWOOD LANE
LAKE CHARLES, LA 70605 53

New Mailing Address:

FEI Number: 20-0917679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOMME, ROBERT JAMES
2910 KERRY FOREST PKWY SUITE 04-360
TALLAHASSEE, FL 32309 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: P () Delete
Name: HOMME, ROBERT JAMES
Address: 3066 FERMANAGH DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: LIEBERMAN, HAROLD N
Address: 18 APRICOT COURT
City-St-Zip: GAITHERSBURG, MD 20878

Title: VP () Delete
Name: LAME, MICHAEL
Address: 66 CHURCHILL ROAD
City-St-Zip: LEDYARD, CT 06339

Title: T () Delete
Name: DRAWL, WALT
Address: 1411 W AUTUMNWOOD
City-St-Zip: LAKE CHARLES, LA 70605

Title: D () Delete
Name: ANTSEY, RON
Address: 14833 SW 132 AVE
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: KETTERING, KEN
Address: 426 SE WALTERS TERRACE
City-St-Zip: PORT ST LUCIE, FL 43983

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: WALT DRAWL

T

03/21/2009

Electronic Signature of Signing Officer or Director

Date