2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# N07892

Entity Name: DALE MABRY POST 139, INC.

Current Principal Place of Business:

3818 W BAY VISTA AVE
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

3818 W BAY VISTA AVE
TAMPA, FL 33611 US

New Mailing Address:

FEI Number: 59-0944529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KEEL, CHARLES J JR
4045 HENDERSON BLVD
TAMPA, FL 33629 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: MR
Name: HOLLEY, ALLEN
Address: 6906 N WILLOW AVE
City-St-Zip: TAMPA, FL 33604

Title: MR
Name: UKLEYA, GERALD
Address: 6462 S HIMES AVE
City-St-Zip: TAMPA, FL 33611

Title: MR
Name: DELONG, DAVID
Address: 4711 W EL PRADO AVE
City-St-Zip: TAMPA, FL 33629 US

Title: MS
Name: MULCARE, SALLY
Address: 3801 N OAK DRIVE
City-St-Zip: TAMPA, FL 33611

Title: MR
Name: SWENDEN, NORMAN
Address: 4211 WEST BAYVILLA AVE
City-St-Zip: TAMPA, FL 33611

I hereby 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 all other like empowered.

SIGNATURE: NORMAN SWENDEN MR 05/03/2010
Electronic Signature of Signing Officer or Director Date