

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46605

FILED
Jan 25, 2009
Secretary of State

Entity Name: SPECTRE, POST 11367, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

3050 HIGHWAY 98 WEST
MARY ESTHER, FL 32569

New Principal Place of Business:

Current Mailing Address:

3050 HIGHWAY 98 WEST
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 59-3082264 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGBERG, RON
3050 HIGHWAY 98 WEST
MARY ESTHER, FL 32569 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: ENGBERG, RON
Address: 3050 HIGHWAY 98 WEST
City-St-Zip: MARY ESTHER, FL 32569

Title: T () Delete
Name: ALGER, JIM
Address: 3050 HIGHWAY 98 WEST
City-St-Zip: MARY ESTHER, FL 32569

Title: T () Delete
Name: HANNA, BUD
Address: 3050 US HWY 98 W.
City-St-Zip: MARY ESTHER, FL 32569

Title: QM () Delete
Name: RHODES, ED
Address: 3050 US HWY 98 W.
City-St-Zip: MARY ESTHER, FL 32569

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:

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: ED RHODES

_____ Electronic Signature of Signing Officer or Director

QM

01/25/2009

_____ Date