4619 BARTEL HOLIDAY, FL				
Current Ma	iling Address:			
4619 BART HOLIDAY,				
FEI Number: 27-2146823			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
GALBRAITH, E 4619 BARTEL HOLIDAY, FL	۲ RD.			
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	stered agent, or both, in the State of Flo	rida.
	d entity submits this statement for the purpose of changing its reg E: EDWARD GALBRAITH	istered office or regis	tered agent, or both, in the State of Flo	^{rida.} 01/11/2014
		istered office or regis	stered agent, or both, in the State of Flo	
SIGNATUR	E: EDWARD GALBRAITH	istered office or regis	tered agent, or both, in the State of Flo	01/11/2014
SIGNATUR	E: EDWARD GALBRAITH Electronic Signature of Registered Agent	istered office or regis	stered agent, or both, in the State of Flo	01/11/2014
SIGNATUR Officer/Dire	E: EDWARD GALBRAITH Electronic Signature of Registered Agent			01/11/2014
SIGNATUR Officer/Dire	E: EDWARD GALBRAITH Electronic Signature of Registered Agent	Title	S	01/11/2014
SIGNATUR Officer/Dire Title Name	E: EDWARD GALBRAITH Electronic Signature of Registered Agent ector Detail : P GALBRAITH, EDWARD 4619 BARTELT RD.	Title Name	S GERRY, WILLIAM 3917 STRATFIELD DR.	01/11/2014 Date
SIGNATUR Officer/Dire Title Name Address	E: EDWARD GALBRAITH Electronic Signature of Registered Agent ector Detail : P GALBRAITH, EDWARD 4619 BARTELT RD.	Title Name Address	S GERRY, WILLIAM 3917 STRATFIELD DR.	01/11/2014 Date
SIGNATUR Officer/Dire Title Name Address City-State-Zip:	E: EDWARD GALBRAITH Electronic Signature of Registered Agent ector Detail : P GALBRAITH, EDWARD 4619 BARTELT RD. HOLIDAY FL 34690	Title Name Address	S GERRY, WILLIAM 3917 STRATFIELD DR.	01/11/2014 Date

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000002738

Entity Name: MEN'S AUXILIARY TO THE VETERANS OF FOREIGN WARS POST 10167 INC.

Current Principal Place of Business:

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: WILLIAM GERRY

City-State-Zip: HOLIDAY FL 34690

S

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 11, 2014 Secretary of State CC5182118650