2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# 701686

Entity Name: STUART V.F.W. POST #4194, INC.

Current Principal Place of Business:

2464 VETERENS AVE
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

2464 VETERENS AVE
STUART, FL 34994 US

New Mailing Address:

FEI Number: 59-6162497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOAG, KEVIN
2464 VETERANS AVENUE
STUART, FL 34994 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: SHAW, WILLIAM
Address: 5197 SW ANHINGA AVENUE
City-St-Zip: PALM CITY, FL 34990

Title: TS ( ) Delete
Name: HOAG, KEVIN
Address: 2464 VETERNAS AVENUE
City-St-Zip: STUART, FL 34994

Title: VP ( ) Delete
Name: MAITLAND, FRANK
Address: 2464 VETERANS AVENUE
City-St-Zip: STUART, FL 34994

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GALIETTI, FRANK
Address: 2464 VETERANS AVE
City-St-Zip: STUART, FL 34994

Title: TS (X) Change ( ) Addition
Name: HOAG, KEVIN
Address: 2464 VETERANS AVENUE
City-St-Zip: STUART, FL 34994

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: SHAW, WILLIAM
Address: 2464 VETERANS AVE
City-St-Zip: STUART, FL 34994

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: KEVIN HOAG S/T 04/08/2008

Electronic Signature of Signing Officer or Director — Date