

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704297

FILED
Jan 05, 2009
Secretary of State

Entity Name: PINE HILLS POST 8152 VETERANS OF FOREIGN WARS OF THE UNITED STATES INCORPORATED

Current Principal Place of Business:

4711 PINE HILL RD.
POST OFFICE BOX 585233
ORLANDO, FL 328585233

New Principal Place of Business:

4711 PINE HILL RD.
ORLANDO, FL 32808

Current Mailing Address:

4711 PINE HILL RD.
POST OFFICE BOX 585233
ORLANDO, FL 328585233

New Mailing Address:

4711 PINE HILL RD.
ORLANDO, FL 32808

FEI Number: 59-1005167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRUBBS, TOM
4623 TERESA RD
ORLANDO, FL 32808 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: D () Delete
Name: GRUBBS, TOM
Address: 4623 TERESA RD
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: GOODMAN, JAMES R
Address: 1204 ORANGE ST.
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: YOUNG, WILLIAM
Address: 2224 ASHLAND BLVD
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: CHASE, RICHARD A
Address: 1483 MAGELLAN CIRCLE
City-St-Zip: ORLANDO, FL 328188

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: TOM GRUBBS

QM

01/05/2009

Electronic Signature of Signing Officer or Director

Date