

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706444

FILED
Jan 24, 2009
Secretary of State

Entity Name: ROBERT LEAK AGEE, POST NO. 1966, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

350 SW 25TH STREET
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

350 SW 25TH STREET
FORT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 59-1006189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIRTLE, GARY N
1101 RIVER REACH #115
FORT LAUDERDALE, FL 33315 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: MCCARRON, GEORGE JR
Address: 4311 S. W. 11TH STREET
City-St-Zip: PLANTATION, FL 333174519

Title: QM () Delete
Name: PIRTLE, GARY N
Address: 1101 RIVER REACH #115
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: JAD () Delete
Name: BUTCHER, JOHN W JR
Address: 2308 SW 83 AVENUE
City-St-Zip: DAVIE, FL 333245321

Title: SVC () Delete
Name: HOEFER, RAYMOND
Address: 2720SW 13TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33315

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: GARY N. PIRTLE

QM

01/24/2009

Electronic Signature of Signing Officer or Director

Date