2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708725

Apr 14, 2009 Secretary of State

Entity Name: HOLIDAY ISLES POST NO. 4256 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business: New Principal Place of Business: HOLIDAY ISLES VFW POST 4256 12901 GULF BLVD. MADEIRA BEACH, FL 33708 **New Mailing Address: Current Mailing Address:** HOLIDAY ISLES VFW POST 4256 12901 GULF BLVD. MADEIRA BEACH, FL 33708 12901 GULF BLVD. MADEIRA BEACH, FL 33708 FEI Number: 59-6156233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RYAN, EDWARD J VFW POST 4256 14096 PASSAGE WAY SEMINOLE, FL 337776 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **CMDR** () Delete () Change () Addition SCOTT, CHARLES E Name: Name: 4180 71ST STREET N., APT. 1 Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33709 City-St-Zip: Title: SVC () Delete Title: SRV (X) Change () Addition SWETEL, RICHARD Name: RICHARD, MICHAEL S Name: Address: 11200 6TH STREET E. Address: 14910 N BAYSHORE DR City-St-Zip: TREASURE ISLAND, FL 33706 City-St-Zip: MADEIRA BEACH, FL 33708 Title: QM () Delete Title: () Change () Addition RYAN, EDWARD J Name: Name: 14096 PASSAGE WAY Address: Address: City-St-Zip: SEMINOLE, FL 33776 City-St-Zip: Title: JVC () Delete Title: SVC (X) Change () Addition Name: RICHARDSON, MICHAEL S Name: RICHARDSON, MICHAEL S Address: 14910 N. BAYSHORE DR., APT. 10 Address: 14910 N. BAYSHORE DR., APT. 10 City-St-Zip: MADEIRA BEACH, FL 33708 City-St-Zip: MADEIRA BEACH, FL 33708 Title: () Delete Title: () Change () Addition AZEVEDO, STANLEY J Name: Name: 544 CRYSTAL DR. Address: Address: City-St-Zip: MADEIRA BEACH, FL 33708 City-St-Zip: Title: () Delete Title: () Change () Addition PONDER, ELZA Name: Name: Address: 7142 40TH PLACE N. Address: SAINT PETERSBURG, FL 33709 City-St-Zip: 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: EDWARD J RYAN QM 04/14/2009