2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709778

City-St-Zip: FORT WALTON BEACH, FL 32547

FILED Apr 28, 2009 Secretary of State

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Entity Na	me: MIRACLE	E STRIP POST NO. 264,	, INC.		
Current Principal Place of Business:				New Principal Place of Business:	
LEGION HALL, HWY. C393 NO. P.O. BOX 1182 SANTA ROSA BCH., FL 32459				LEGION HALL, HWY. C393 NO. HWY C393 SANTA ROSA BCH., FL 32459	
Current Mailing Address:				New Mailing Address:	
P.O. BOX	IALL, HWY. C3 1182 DSA BCH., FL				
FEI Number	: 59-6164864	FEI Number Applied For	() FEI Nur	mber Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	Current Registered Age	ent:	Name and Address	of New Registered Agent:
BISHOP-T SANTA RO	/ERNON R. OLBERT ROA DSA BEACH, F	FL 32459 US	or the purpose c	of changing its register	ed office or registered agent, or both,
	e of Florida.				
SIGNATU	RE:				
Electronic Signature of Registered Agent					Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (BARNARD, RA 72 SARA CIRC SANTA ROSE I	LE		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	TD (BISHOP, VERN 714 BISHOP-TO SANTA ROSE I	OLBERT RD		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	D () MILLER, RICH/			Title: Name:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: V. R. BISHOP TD 04/28/2009