

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718383

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: FORT MEADE POST NO. 23, INCORPORATED

**Current Principal Place of Business:**

825 N CHARLESTON  
FT MEADE, FL 33841 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 207  
FT. MEADE, FL 33841 US

**New Mailing Address:**

FEI Number: 59-6200824

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOODY, DAN L.  
945 E BROADWAY  
FT. MEADE, FL 33841 US

**Name and Address of New Registered Agent:**

REVA Y VALENTINE  
829 D LANIER AVE N  
FT. MEADE, FL 33841 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: REVA Y VALENTINE

03/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: APD ( ) Delete  
Name: PAUTZ, BILL  
Address: 300 WASHINGTON AVENUE LOT 10  
City-St-Zip: FORT MEADE, FL 33841

Title: CD ( ) Delete  
Name: HANCOCK, ALLEN  
Address: 801 NE . 9TH ST.  
City-St-Zip: FORT MEADE, FL 33841

Title: VD ( ) Delete  
Name: GREER, DOLPH  
Address: 100 ORANGE AVE  
City-St-Zip: FT. MEADE, FL

Title: FO ( ) Delete  
Name: STEDMAN, JAMES  
Address: 300 S WASHINGTON AVENUE, LOT 70  
City-St-Zip: FT MEADE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: APD (X) Change ( ) Addition  
Name: RAY, DOUG  
Address: 825 N CHARLESTON  
City-St-Zip: FORT MEADE, FL 33841

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

Title: VD (X) Change ( ) Addition  
Name: MOONEY, FRED  
Address: 825 N CHARLESTON  
City-St-Zip: FT. MEADE, FL

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: DOUG RAY

APD

03/11/2009

Electronic Signature of Signing Officer or Director

Date