

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718383

**FILED**  
**Mar 17, 2010**  
**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:**

REVA Y VALENTINE  
829 D LANIER AVE N  
FT. MEADE, FL 33841 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: APD  
Name: RAY, DOUG  
Address: 825 N CHARLESTON  
City-St-Zip: FORT MEADE, FL 33841

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

Title: VD  
Name: MOONEY, FRED  
Address: 825 N CHARLESTON  
City-St-Zip: FT. MEADE, FL

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

I hereby 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 all other like empowered.

SIGNATURE: DOUG RAY

APD

03/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date