2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722440

Jan 06, 2009 Secretary of State

Entity Name: FRED H. REILAND POST 4250 VETERANS OF FOREIGN WARS OF THE UNITED STATES INC.

Current Principal Place of Business: New Principal Place of Business:

2350 SUNSET DR

NEW SMYRNA BEACH, FL 32168

Current Mailing Address: New Mailing Address:

2350 SUNSET DR

NEW SMYRNA BEACH, FL 32168

FEI Number: 59-6161982 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:

GLASCO, LAWRENCE W

CLAYSON, THOMAS A 4665 KOLA ROAD 5100 SOUTH RIDGEWOOD AVENUE

NEW SMYRNA BEACH, FL 32168 US DAYTONA BEACH, FL 32127

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: THOMAS A CLAYSON 01/06/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

GLASCO, LAWRENCE W CLAYSON, THOMAS A Name: Name:

4665 KOLA ROAD Address: 5100 SOUTH RIDGEWOOD AVENUE Address:

City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: DAYTONA BEACH, FL 32127

Title: () Delete Title: (X) Change () Addition CLAYSON, TOM Name: BROTHERTON, GRATTON R Name: Address: 5100 RIDGEWOOD AVE Address: 3418 UMBRELLA TREE DRIVE City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: EDGEWATER, FL 32141

Title: () Delete Title: () Change () Addition

FRESHWATERS, ROBERT Name: Name: 2834 BROOKLINE AVE Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip:

(X) Change () Addition Title: () Delete Title:

Name: MORALL, JAN E Name: MORELL, JAN E Address: 717 PHYLLIC AVENUE Address:

717 PHYLLIS AVENUE City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: JAN E MORELL Т 01/06/2009