2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# 722832

Entity Name: BASS CAPITAL POST NO. 10177, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

CRESCENT CITY LIBRARY
CRESCENT CITY, FL 32112

New Principal Place of Business:

CRESCENT CITY WOMENS CLUB
CRESCENT CITY, FL 32112

Current Mailing Address:

VFW POST 10177
7322 OLD WOLF BAY ROAD
PALATKA, FL 32177

New Mailing Address:

FEI Number: 23-7141519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHARP, ALEXANDER M
7322 OLD WOLF BAY ROAD
PALATKA, FL 32177 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:	P	( ) Delete
Name:	MOULL, CHARLES F	
Address:	1524 COUNTY ROAD 309	
City-St-Zip:	GEORGETOWN, FL 32139	
Title:	V	( ) Delete
Name:	REESE, ROBERT G	
Address:	228 PALM AVE.	
City-St-Zip:	CRESCENT CITY, FL 32112	
Title:	TR	( ) Delete
Name:	MALINE, JOSEPH F	
Address:	202 OSCEOLA ST	
City-St-Zip:	GEORGETOWN, FL 32139	
Title:	T	( ) Delete
Name:	SHARP, ALEXANDER M III	
Address:	7322 OLD WOLF BAY ROAD	
City-St-Zip:	PALATKA, FL 32177	
Title:	S	( ) Delete
Name:	CLYBURN, LLOYD E	
Address:	110 PEGGY LANE	
City-St-Zip:	GEORGETOWN, FL	
Title:	TR	( ) Delete
Name:	COLEMAN, LAWRENCE C	
Address:	647 GUMBY CT	
City-St-Zip:	CRESCENT CITY, FL 32112	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ALEXANDER M. SHARP III ALEX 06/22/2009
Electronic Signature of Signing Officer or Director — Date