

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # 723090	
1. Entity Name MOORE MOLANDER NORTH POST NO. 9726, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.	

Principal Place of Business 350 S.VOLUSIA AVENUE PIERSON FL 32180	Mailing Address PO BOX 596 PIERSON FL 32180
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E037 (10/07)
4. FEI Number 59-6162562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, JULIUS C 72 E 1ST AVE PIERSON FL 32180	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete P HALLMAN, HOLLIS W 672 VANNOTE RD PIERSON FL 32180
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete V RAINWATER, WILSON 405 N ANE ST PIERSON FL 32180
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete ST PURVIS, T. RICHARD 548 N. PINE ST. PIERSON FL 32180
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete D BRADDOCK, NORMAN E 565 BRADDOCK RD PIERSON FL 32180
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete D BULLARD, THOMAS H 1375 EMPORIA RD PIERSON FL 32180
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete D WARD, WALTER E 448 SHAW LAKE RD PIERSON FL 32180

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000835368 02/29/08-80033-010 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *T. Richard Purvis* **2-18-08** **386-749-2863**