## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#726504** 

FILED Apr 08, 2009 Secretary of State

Entity Name: WESCONNETT POST NO. 7909, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6204 BLANDING BLVD JACKSONVILLE, FL 32244 **Current Mailing Address: New Mailing Address:** 6204 BLANDING BLVD. JACKSONVILLE, FL 32244 FEI Number: 59-6162537 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: DAUGHERTY, MICHAEL A CPA DAUGHERTY, MICHAEL A CPA 1832 PARK AVE 1844 PARK AVE. ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 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: 04/08/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HALL, ALLEN E Name: Name: 2455 ELBOW RD. Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: Title: TSD () Delete Title: () Change () Addition BUCKLES, JOSE J Name: Name: Address: 1299 INDEPENDENCE DR. Address: City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: Title: TSD () Delete Title: () Change () Addition SEILAR, HARRY Name: Name: Address: 6602 DORA CREEK DR. Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: ( ) Delete Title: PCM Title: () Change () Addition HERNANDEZ, ROBERT Name: Name: Address: 3294 LAKE EFFIE CT N Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: Title: () Delete Title: () Change () Addition HERNANDEZ, DANNETTE Name: Name: 3294 LAKE EFFIE CT N Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: Title: () Delete Title: () Change () Addition WRIGHT, GLENN M Name: Name: Address: 5867 11TH ST Address: JACKSONVILLE, FL 32244 City-St-Zip: 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: JOSE J BUCKLES TSD 04/08/2009