## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#727000** 

FILED Jan 10, 2009 Secretary of State

Entity Name: DUMAS-HARTSON POST 8189, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 8856 VETERANS DR HOMOSASSA, FL 34446 **Current Mailing Address: New Mailing Address:** P.O. BOX 1092 CRYSTAL RIVER, FL 344231092 FEI Number: 59-1855895 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BACHTEL, RICHARD R 8565 W. LONGFELLOW ST HOMOSASSA, FL 34448 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BACHTEL, RICHARD Name: Name: 8565 WEST LONGFELLOW STREET Address: Address: City-St-Zip: HOMOSASSA, FL 34448 City-St-Zip: Title: ( ) Delete Title: () Change () Addition GILBERT, RICK Name: Name: Address: 6831 W. SASSER ST Address: City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition PETERSON, NOEL OLIVER, ROBERT Name: Name: 8911 W SUGAR BUSH PATH Address: 7018 W. JEANS W Address: City-St-Zip: CRYSTAL RIVER, FL 34429 City-St-Zip: HOMOSASSA, FL 34448 Title: ( ) Delete Title: (X) Change ( ) Addition ANDERSON, ALBERT T Name: BAILEY, HARRY Name: Address: PO BOX 1177 Address: 578 S BLACK WALNUT TERR City-St-Zip: HOMOSASSA SPRINGS, FL 34447 City-St-Zip: HOMOSASSA, FL 34448 Title: () Delete Title: (X) Change ( ) Addition HOULIHNN, RONALD SCHOELLER, HENRY F JR Name: Name: 5570 WEST CAGNEY LOOP 1601 SE 8TH AVE LOT 357 Address: Address: City-St-Zip: HOMOSASSA, FL 34448 City-St-Zip: CRYSTAL RIVER, FL 34423

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: RICHARD R BACHTEL QM 01/10/2009