

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727082

FILED  
May 21, 2009  
Secretary of State

**Entity Name:** SEBASTIAN RIVER AREA POST NO. 10210 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**Current Principal Place of Business:**

815 LOUISIANA AVE.  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

815 LOUISIANA AVE.  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:** 23-7140679      **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:**

NOEL, FRANK T  
815 LOUISIANA AVE  
SEBASTIAN, FL 32958      US

**Name and Address of New Registered Agent:**

BAUMGARTNER, NEIL W QM  
815 LOUISIANA AVE  
SEBASTIAN, FL 32958      US

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: NEIL BAUMGARTNER

05/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: QM      ( ) Delete  
Name: NOEL, FRANK T  
Address: 815 LOUISIANA AVE  
City-St-Zip: SEBASTIAN, FL 32958

Title: C      ( ) Delete  
Name: HASKINS, JOHN  
Address: 815 LOUISIANA AVE  
City-St-Zip: SEBASTIAN, FL 32958

Title: SC      ( ) Delete  
Name: COY, ANDREA  
Address: 815 LOUISIANA AVE  
City-St-Zip: SEBASTIAN, FL 32958

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: QM      (X) Change ( ) Addition  
Name: BAUMGARTNER, NEIL W QM  
Address: 815 LOUISIANA AVE  
City-St-Zip: SEBASTIAN, FL 32958

Title: C      (X) Change ( ) Addition  
Name: WILLIS, JACK C  
Address: 815 LOUISIANA AVE  
City-St-Zip: SEBASTIAN, FL 32958

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: NEIL BAUMGARTNER

QM

05/21/2009

Electronic Signature of Signing Officer or Director

Date