

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728795

FILED
Jan 07, 2009
Secretary of State

Entity Name: PORT CHARLOTTE POST # 5690 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

23204 FREEDOM AVE
CHARLOTTE HARBOR, FL 33980 US

New Principal Place of Business:

Current Mailing Address:

23204 FREEDOM AVE
PORT CHARLOTTE, FL 33980

New Mailing Address:

23204 FREEDOM AVE
CHARLOTTE HARBOR, FL 33980 US

FEI Number: 23-7372813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDELSTEIN, J M
23204 FREEDOM AVE
PORT CHARLOTTE, FL 33980 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: C () Delete
Name: VALORA, FRANK K
Address: 25163 MARIOD AVE, LOT #
City-St-Zip: PUNTA GORDA, FL 33950

Title: SVCD () Delete
Name: SAPHNER, JOSEPH
Address: 3568 MIDDLETON ST
City-St-Zip: PORT CHARLOTTE, FL 33983

Title: JVCD () Delete
Name: BOSSERDET, BOB
Address: 100 POINSETTA CIRCLE NE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: JAD () Delete
Name: JERICKA, CHRIS
Address: 17113 CROWLEY AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: QM () Delete
Name: EDELSTEIN, J M
Address: 23204 FREEDOM AVE
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: VALORA, FRANK E
Address: 25163 MARIOD AVE, LOT #
City-St-Zip: PUNTA GORDA, FL 33950

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: J.M. EDELSTEIN

QM

01/07/2009

Electronic Signature of Signing Officer or Director

Date