

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 730129

FILED
Oct 10, 2006
Secretary of State

Entity Name: NORTH FORT MYERS POST NO. 10127 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

996 PONDELLA ROAD
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

996 PONDELLA ROAD
NORTH FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 23-7013119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAEFFER, WILLIAM R QTRMST
996 PONDELLA RD
FORT MYERS, FL 33903 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: WILLIAM R SCHAEFFER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: KOTAS, RONALD
Address: 996 PONDELLA ROAD
City-St-Zip: N. FT. MYERS, FL 33903

Title: VD () Delete
Name: EBLING, JOHN
Address: 996 FONDELLA RD
City-St-Zip: FORT MYERS, FL 33903

Title: VD () Delete
Name: PARKER, WILLIAM
Address: 996 PONDELLA RD
City-St-Zip: FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change () Addition
Name: NAYLOR, CLIFORD
Address: 996 PONDELLA ROAD
City-St-Zip: N. FT. MYERS, FL 33903

Title: VD (X) Change () Addition
Name: ANDERSON, CHRIS
Address: 996 FONDELLA RD
City-St-Zip: FORT MYERS, FL 33903

Title: VD (X) Change () Addition
Name: NICKELSON, PETER
Address: 996 PONDELLA RD
City-St-Zip: FORT MYERS, FL 33903

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM R SCHAEFFER

Electronic Signature of Signing Officer or Director

QRTM

10/10/2006

Date