

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731123

FILED
Apr 09, 2009
Secretary of State

Entity Name: UPPER KEYS POST #10211 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

102255 OVERSEAS HWY
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

PO BOX 1109
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 23-7277248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, GARY E
779 BOSTWICK DR
KEY LARGO, FL 33037 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: Q () Delete
Name: ELLIS, DENNIS
Address: 854 ELLEN DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: VC () Delete
Name: DICK, JOHN
Address: 58346 O/S HWY
City-St-Zip: MARATHON, FL 33050

Title: T () Delete
Name: HIGGINS, NORMAN
Address: PO BOX 672
City-St-Zip: KEY LARGO, FL 33037

Title: T () Delete
Name: BRITT, PETER
Address: 101600 OVERSEAS HWY SP
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: Q (X) Change () Addition
Name: FIELD, IRVIN
Address: 177 GRASSY RD
City-St-Zip: KEY LARGO, FL 33037

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: KUSH, WALTER
Address: P.O. BOX 139
City-St-Zip: KEY LARGO, FL 33037

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: GARY E. JOHNSON

CMDR

04/09/2009

Electronic Signature of Signing Officer or Director

Date