

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732153

FILED
Jan 26, 2009
Secretary of State

Entity Name: KENT PURCELL POST NO. 10090 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

920 HOSPITAL DR
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 382
NICEVILLE, FL 32588

New Mailing Address:

FEI Number: 23-7089923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REDDICK, ROBERT R
1812 RATTAN PALM DR
NICEVILLE, FL 32578 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: VD () Delete
Name: HATTAWAY, JIMMY
Address: 337 HOLMES BLVE.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SD () Delete
Name: GOLDSTEIN, WILLIAM
Address: 4422 SOUTH MINISTER CIR.
City-St-Zip: NICEVILLE, FL 32587

Title: TD () Delete
Name: REDDICK, ROBERT R
Address: 1812 RATTAN PALM DR
City-St-Zip: NICEVILLE, FL 32578

Title: P () Delete
Name: GOEHRINGER, DAVID S
Address: 169 MARCIA DR
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT R. REDDICK

TD

01/26/2009

Electronic Signature of Signing Officer or Director

Date