

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 20, 2012
Secretary of State**

DOCUMENT# 733300

Entity Name: WEST PUTNAM POST NO. 10164 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**Current Principal Place of Business:**1034 HWY 20
INTERLACHEN, FL 32148 US**New Principal Place of Business:****Current Mailing Address:**1034 HWY 20
INTERLACHEN, FL 32148 US**New Mailing Address:****FEI Number:** 59-6569997**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WALLACE, WILLIAM J
1034 HWY 20
INTERLACHEN, FL 32148 US**Name and Address of New Registered Agent:**PIEHLER, JIMMY L
1034 HWY 20
INTERLACHEN, FL 32148 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: JIMMY L PIEHLER

06/20/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CDR.
Name: PHAGAN, THEODORE B
Address: 1034 HWY 20
City-St-Zip: INTERLACHEN, FL 32148

Title: SV
Name: STAPLETON, WAYNE A
Address: 1034 HWY 20
City-St-Zip: INTERLACHEN, FL 32148

Title: JV
Name: COMBS, RICHARD
Address: 1034 HWY 20
City-St-Zip: INTERLACHEN, FL 321486130

Title: QM
Name: PIEHLER, JIMMY L
Address: 1034 HWY 20
City-St-Zip: INTERLACHEN, FL 32148

Title: T2
Name: CRAWFORD, THOMAS L
Address: 1034 HWY 20
City-St-Zip: INTERLACHEN, FL 32148

Title: T1
Name: GODWIN, DEWEY C
Address: 1034 HWY 20
City-St-Zip: INTERLACHEN, FL 32148

I hereby 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 all other like empowered.

SIGNATURE: JIMMY L. PIEHLER

QM

06/20/2012

Electronic Signature of Signing Officer or Director

Date