

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# 733870

Entity Name: TOMMY G. FOSTER - POST NO. 4590, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

3709 E. ST. RD 92
PLANT CITY, FL 33566 US

New Principal Place of Business:

Current Mailing Address:

VFW POST 4590 THOMAS G. FOSTER
POST OFFICE BOX 1557
PLANT CITY, FL 33564 US

New Mailing Address:

FEI Number: 59-6209820 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

POGUE, JAMES E
111 N PARK RD
PLANT CITY, FL 33563 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: CMDR () Delete
Name: WILSON, JAMES H
Address: 4639 TURNER RD
City-St-Zip: MULBERRY, FL 33860

Title: TRES () Delete
Name: WESLING, CHARLES O
Address: 563 PARTRIGE PAST
City-St-Zip: PLANT CITY, FL 33565

Title: JV () Delete
Name: GRAYSON, LAURA
Address: 1406 SPENCER CT
City-St-Zip: PLANT CITY, FL 33563

Title: QM () Delete
Name: POGUE, JAMES F
Address: 1111 N PARK RD
City-St-Zip: PLANT CITY, FL 33563

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: JAMES E. POGUE

QM

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date