

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736802

FILED  
Jun 09, 2009  
Secretary of State

**Entity Name:** CANAVERAL POST NO. 10131, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**Current Principal Place of Business:**

101 LONGPOINT ROAD  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

105 LONG POINT ROAD  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

101 LONGPOINT ROAD  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

105 LONG POINT ROAD  
CAPE CANAVERAL, FL 32920

**FEI Number:** 51-0182147      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NICHOLAS, LEO  
250 HARBOR DRIVE  
CAPE CANAVERAL, FL 32920      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: D      ( ) Delete  
Name: BURT, JAMES F  
Address: 105 LONGPOINT RD  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D      ( ) Delete  
Name: HILL, RONALD  
Address: 215 MCKINLEY AVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: D      ( ) Delete  
Name: MELHUS, CHRIS  
Address: 249 CHERIE DOWN LN  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D      (X) Delete  
Name: NICHOLAS, LEO  
Address: 250 HARBOR DR.  
City-St-Zip: CAPE CANAVERAL, FL 32920

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: BURT JAMES, F  
Address: 105 LONGPOINT RD  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D      (X) Change ( ) Addition  
Name: CLARK, HORACE  
Address: 105 LONG POINT RD  
City-St-Zip: CAPE CANAVERA, FL 32920

Title: D      (X) Change ( ) Addition  
Name: NICOLAS, LEO  
Address: 250 HARBOR DR.  
City-St-Zip: CAPE CANAVERAL, FL 32920

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: LEO NICOLAS

RA

06/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date