2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# 739125

Entity Name: HILLIARD POST 10095 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

37965 EASTWOOD ROAD
HILLIARD, FL 32046 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 643
HILLIARD, FL 32046 US

New Mailing Address:

FEI Number: 23-7078833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASON, NATHAN V
54129 SNWDER RD
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

DAVIS, GAIL
37168 RUBY DRIVE
HILLIARD, FL 32046 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: GAIL DAVIS 01/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MASON, NATHAN Y
Address: 54129 SNWDER RD.
City-St-Zip: CALLAHAN, FL 32011 US

Title: Q ( ) Delete
Name: O'QUINN, JOSEPH H
Address: 552155 US HWY 1
City-St-Zip: HILLIARD, FL 32046

Title: S ( ) Delete
Name: DAVIS, GAIL
Address: 37168 RUBY DRIVE
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GAIL, DAVIS
Address: 37168 RUBY DRIVE
City-St-Zip: HILLIARD, FL 32046 US

Title: Q (X) Change ( ) Addition
Name: CREWS, PHILLIP M
Address: 2598 DRURY FERRY LN
City-St-Zip: HILLIARD, FL 32046

Title: S (X) Change ( ) Addition
Name: WARD, JAMES T
Address: 553004 US HWY 1
City-St-Zip: HILLIARD, FL 32046

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: PHILLIP CREWS QM 01/29/2009
Electronic Signature of Signing Officer or Director Date