

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740354

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** REBEL POST NO. 5625 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**Current Principal Place of Business:**

1104 SOUTH MAIN ST  
CHIEFLAND, FL 32626 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 409  
CHIEFLAND, FL 32644

**New Mailing Address:**

P.O. BOX 409  
CHIEFLAND, FL 32644 US

**FEI Number:** 59-6165453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VERVILLE, WILLIAM  
1104 SOUTH MAIN ST  
CHIEFLAND, FL 32626 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: QM  
Name: MCINNIS, ALFRED B  
Address: P.O. BOX 409  
City-St-Zip: CHIEFLAND, FL 32644 US

Title: SRV  
Name: HUDSON, JACKIE  
Address: P.O. BOX 409  
City-St-Zip: CHIEFLAND, FL 32644 US

Title: JRV  
Name: MYERS, JOHN  
Address: P.O. BOX 409  
City-St-Zip: CHIEFLAND, FL 32644 US

Title: JA  
Name: BAZAR, JERRY L  
Address: PO BOX 409  
City-St-Zip: CHIEFLAND, FL 32644 US

Title: ADJ  
Name: COLSON, KARY  
Address: PO BOX 409  
City-St-Zip: CHIEFLAND, FL 32644 US

Title: TRST  
Name: CARRIGNAN, WAYNE  
Address: P.O. BOX 409  
City-St-Zip: CHIEFLAND, FL 32644 US

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: ALFRED B. MCINNIS

QM

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date