## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 741502** 

FILED Nov 10, 2009 Secretary of State

Entity Name: HUDSON AMERICAN LEGION POST 335, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

11421 OSCEOLA

NEW PORT RICHEY, FL 34654

**Current Mailing Address: New Mailing Address:** 

11421 OSCEOLA

NEW PORT RICHEY, FL 34654

FEI Number: 59-1835691 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: Name and Address of New Registered Agent:

THOMAS, HOLBROOK 15203 TERESA BLVD. HUDSON, FL 34669 US PRICE, SHARON A BOOKKEE 11421 OSCEOLA DR US

NEW PORT RICHEY, FL 34654

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: SHARON A PRICE 11/10/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**CMDR** (X) Change ( ) Addition () Delete HOLBROOK, THOMAS RICCARDO, THOMAS JR. Name:

Name: 5806 FALL RIVER DR Address: 15203 TREASA BLV Address: City-St-Zip: NEW PORT RICHEY, FL 34665 City-St-Zip: HUDSON, FL 34669

Title: VCD () Delete Title: () Change () Addition

JOHNSON, HARRY Name: Name: Address: 9841 FOX SQUIRREL DRIVE Address: City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip:

Title: VCD () Delete Title: () Change () Addition

FOWLER, JOHN Name: Name: Address: 9300 PEONY ST Address: City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip:

Title: FOF ( ) Delete Title: () Change () Addition

Name: BEAMAN, FRANK Name: Address: 11539 ALTOONA AVE. Address: City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip:

Title: PCD () Delete Title: () Change () Addition

SID, RHOADS Name: Name: 7132 SOUTHWIND DR Address: Address: City-St-Zip: HUDSON, FL 34667 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: THOMAS HOLBROOK **CMDR** 11/10/2009