

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 743139

FILED  
Dec 09, 2009  
Secretary of State

**Entity Name:** SAFETY HARBOR POST NO. 10093, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**Current Principal Place of Business:**

965 HARBOR LAKE COURT  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 352  
SAFETY HARBOR, FL 34695 US

**New Mailing Address:**

**FEI Number:** 23-7293362 **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:**

DAVIS, ROBERT H  
1379 MISSION HILLS BLVD.  
CLEARWATER, FL 33759 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: ROBERT H. DAVIS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BISHOP, PAUL H CMR  
Address: 345 4TH AVENUE NORTH  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete  
Name: HANSON, CHRISTOPHER F VP  
Address: 25 IRWIN STREET WEST  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete  
Name: SAMSEN, GEORGE R TRUSTEE  
Address: 3432 STATE ROAD 580 LOT 450  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete  
Name: MENTZER, DAVID E  
Address: 2897 ST. JOHN DRIVE  
City-St-Zip: CLEARWATER, FL 33759

**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: ROBERT H. DAVIS

Electronic Signature of Signing Officer or Director

QM

12/09/2009

Date