

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743393

FILED
Mar 26, 2009
Secretary of State

Entity Name: WILLIAM A. GARVEY POST NO. 8203 OF NORTH PORT, FLORIDA, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

4860 TROTT CIRCLE
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7154
NORTH PORT, FL 34287 US

New Mailing Address:

FEI Number: 59-1918035 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FEE, ROBERT G CMDR.
356 TRAILORAMA DRIVE
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

LOVE, PATRICK J ASST QM
2634 CRITTENDON ST
NORTH PORT, FL 34286 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: PATRICK LOVE

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: FEE, ROBERT G CODR
Address: 356 TRAILORAMA DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: SVCD () Delete
Name: TYNES, THOMAS SVCMDR
Address: 8247 CHESEBRO AVENUE
City-St-Zip: NORTH PORT, FL 33287

Title: JVCD () Delete
Name: BIASI, FRANK JRVCMDR
Address: 4231 WACCMA AVE.
City-St-Zip: NORTH PORT, FL 34287

Title: QM () Delete
Name: DOUGHERTY, ROBERT QM
Address: 3921 FAIRWAY DRIVE
City-St-Zip: NORTH PORT, FL 34287

Title: A () Delete
Name: CHIMINIELLO, HANK
Address: 3623 MONTCLAIR CIR
City-St-Zip: NORTH PORT, FL 34287

Title: 3YT () Delete
Name: CATO, VENI
Address: 1980 S. BISCAYNE BLVD
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: MCARDLE, PATRICK J P CMDR
Address: 1444 HEDGEWOOD CIRCLE
City-St-Zip: NORTH PORT, FL 34288

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: JVC (X) Change () Addition
Name: GEHO, STAN JRVCMDR
Address: 2150 LOGSDON ST
City-St-Zip: NORTH PORT, FL 34287

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: PATRICK MCARDLE

PC

03/26/2009

Electronic Signature of Signing Officer or Director

Date