

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744334

FILED
Apr 29, 2009
Secretary of State

Entity Name: PLACID POST NO. 25, INC.

Current Principal Place of Business:

1490 US HWY 27 NORTH
LAKE PLACID, FL 338527952

New Principal Place of Business:

Current Mailing Address:

1490 US HWY 27 NORTH
LAKE PLACID, FL 338527952

New Mailing Address:

FEI Number: 59-1927219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, MACK
112 CONQUEST ST NW
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

NEWTON, DONALD S DFO
409 PLAZA AVE
LAKE PLACID, FL 33852 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: DONALD S NEWTON SR

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPC () Delete
Name: CARROLL, MACK
Address: 112 CONQUEST ST NW
City-St-Zip: LAKE PLACID, FL 33852

Title: DFO () Delete
Name: KAISER, RICHARD
Address: P.O. BOX 5
City-St-Zip: LAKE PLACID, FL 33852

Title: DVC () Delete
Name: NEWTON, DONALD
Address: 409 PLAZA AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: DC () Delete
Name: PLUNKETT, J.P
Address: 141 LIME RD NE
City-St-Zip: LAKE PLACID, FL 33852

Title: D3VC (X) Delete
Name: SCHAFER, PAUL
Address: 112 GOGWATER DR.
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DFO (X) Change () Addition
Name: NEWTON, DONALD S DFO
Address: 409 PLAZA AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D3VC (X) Change () Addition
Name: WERK, LOUIS W D3VC
Address: 48 SILK OAK ST
City-St-Zip: LAKE PLACID, FL 33852

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: DONALD S NEWTON SR

DFO

04/29/2009

Electronic Signature of Signing Officer or Director

Date