2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#747309

Jan 20, 2009 Secretary of State

Entity Name: VETERANS OF FOREIGN WARS OF THE UNITED STATES INC. SHADY HILLS POST NO. 8681

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

18940 DRAYTON ST

SHADY HILLS, FL 34610 US

Current Mailing Address: New Mailing Address:

18940 DRAYTON ST

SHADY HILLS, FL 34610 US

FEI Number: 59-1866531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CIAGALA, ISADOR 18724 FLORALTON DR SPRING HILL, FL 34610 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 KEY III, JOHN F
 Name:
 GREENLEE, KENNETH

 Address:
 10062 HOLLAND LANE
 Address:
 11195 CLAYMORE ST.

 City-St-Zip:
 SPRING HILL, FL 34610
 City-St-Zip:
 SPRING HILL, FL 34609

Title: VD () Delete Title: () Change () Addition

 Name:
 GREENLEE, KENNETH
 Name:

 Address:
 11195 CLAY MORE ST
 Address:

 City-St-Zip:
 SPRING HILL, FL 34609
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 CIAGALA, ISADOR
 Name:

 Address:
 18724 FLORALTON DR
 Address:

 City-St-Zip:
 SPRING HILL, FL 34610
 City-St-Zip:

 $\label{eq:title:Title:TR} \textit{Title:} \qquad \textit{TR} \qquad \textit{(X) Change () Addition}$

 Name:
 DEE, JAMES E
 Name:
 SANTARPIO, GUY

 Address:
 2012 WHITEWOOD
 Address:
 167 OAKLAKE DR.

 City-St-Zip:
 SPRING HILL, FL 34609
 City-St-Zip:
 SPRING HILL, FL 34608

 Name:
 HENDERSON, RALPH L
 Name:
 DZIEGEILEWŚKI, JOHN

 Address:
 8042 TIMBERLANE AVE
 Address:
 13459 TYRINGHAM ST

 City-St-Zip:
 SPRING HILL, FL 34606
 City-St-Zip:
 SPRING HILL, FL 34609

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: ISADOR CIAGALA TD 01/20/2009