

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749266

FILED
Jan 10, 2009
Secretary of State

Entity Name: FLAGLER COUNTY POST NO. 5213, VETERANS OF FOREIGN WARS OF THE UNITED STATES

Current Principal Place of Business:

PO BOX 2075
BUNNELL, FL 32110

New Principal Place of Business:

14 ZODIAC PLACE
PALM COAST, FL 32164

Current Mailing Address:

PO BOX 2075
BUNNELL, FL 32110

New Mailing Address:

14 ZODIAC PLACE
PALM COAST, FL 32164

FEI Number: 23-7200605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, ROBERT HOWARD, M.D.
14 ZODIAC PLACE
PALM COAST, FL 321645873 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: WRIGHT, DEIDRE J
Address: 8 ZODIAC PLACE
City-St-Zip: PALM COAST, FL 321645873

Title: V () Delete
Name: SHEEHAN, JAMES
Address: P.O. BOX 1642
City-St-Zip: FLAGLER BEACH, FL 321361642

Title: TD () Delete
Name: WRIGHT, ROBERT HOWARD
Address: 14 ZODIAC PLACE
City-St-Zip: PALM COAST, FL 321645873

Title: SD () Delete
Name: SHEEHAN, JAMES F
Address: 1802 N. CENTRAL AVE.
City-St-Zip: FLAGLER BCH., FL

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: SD (X) Change () Addition
Name: SHEEHAN, JAMES F
Address: 1802 N. CENTRAL AVE.
City-St-Zip: FLAGLER BCH., FL 32136

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 HOWARD WRIGHT, MD

QUAR

01/10/2009

Electronic Signature of Signing Officer or Director

Date