

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751574

FILED  
Jul 02, 2008  
Secretary of State

**Entity Name:** ASTOR POST NO. 9986 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**Current Principal Place of Business:**

55620 VETIRANS DR.  
P O BOX 141  
ASTOR, FL 32102

**New Principal Place of Business:**

55620 VETIRANS DR.  
VETERANS DRIVE  
ASTOR, FL 32102

**Current Mailing Address:**

P.O.BOX 141  
ASTOR, FL 32102

**New Mailing Address:**

**FEI Number:** 59-1696883      **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:**

LEESON, LARRY  
24609 WEST LOYD STREET  
ASTOR, FL 32102 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: CD ( ) Delete  
Name: LEESON, LARRY  
Address: 24609 WEST LOYD STREET  
City-St-Zip: ASTOR, FL 32102

Title: SVCT ( ) Delete  
Name: BUMB, JEFF  
Address: 1340 DAYDREAM LN  
City-St-Zip: ASTOR, FL 32102

Title: JUST ( ) Delete  
Name: WATSON, JOHN  
Address: 510 VANNOTE RD  
City-St-Zip: PIERSON, FL 32180

Title: QM ( ) Delete  
Name: AYLES, STEVE  
Address: P O BOX 213  
City-St-Zip: ASTOR, FL 32102

Title: ADJ ( ) Delete  
Name: TACKER, GEORGORY  
Address: 2440 NE 115TH AVE  
City-St-Zip: SILVER SPRINGS, FL 34488

**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: QM (X) Change ( ) Addition  
Name: GLIDDEN, JAMES  
Address: 55406 HUGH DR.  
City-St-Zip: ASTOR, FL 32102

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: JAMES GLIDDEN

QM

07/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date