

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751574

FILED
Mar 19, 2009
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.
VETERANS DRIVE
ASTOR, FL 32102

New Principal Place of Business:

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 ()

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: GLIDDEN, JAMES
Address: 55406 HUGH DR.
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:

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Name:
Address:
City-St-Zip:

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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: JAMES B. GLIDDEN

QM

03/19/2009

Electronic Signature of Signing Officer or Director

Date