2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2009
Secretary of State

DOCUMENT# 756899

Entity Name: LAWRENCE MELZER TATE POST NO. 39 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

2599 CENTRAL AVENUE
ST PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

2599 CENTRAL AVENUE
ST PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 59-0663384 **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:

LAWRENCE MELZER TATE VFW POST NO.39
2599 CENTRAL AVE.
SAINT PETERSBURG, FL 33713 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: PD ( ) Delete
Name: SOULE, JOHN W
Address: 2599 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: VD ( ) Delete
Name: ASCOUGH, RICHARD III
Address: 2599 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: D ( ) Delete
Name: ANDERSON, GREGORY
Address: 2599 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: T ( ) Delete
Name: HILL, ALONZO B
Address: 2599 CENTRAL AVENUE
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: T ( ) Delete
Name: BENNETT, JAMES
Address: 2599 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: T ( ) Delete
Name: TALLON, JAMES
Address: 2599 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PETTIT, JANICE
Address: 2599 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: VD (X) Change ( ) Addition
Name: DYKES, LORENE
Address: 2599 CENTRAL AVE
City-St-Zip: SAINT PETERSBURG, FL 33713

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: ( ) 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: GREGORY ANDERSON D 05/03/2009

Electronic Signature of Signing Officer or Director — Date