

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 03, 2009
Secretary of State

DOCUMENT# 762731

Entity Name: DANA HOWARD WEEKLEY AMERICAN LEGION POST 130 LABELLE, FLORIDA, INC.**Current Principal Place of Business:**699 W. HICKPOCHEE AVE
LABELLE, FL 33935**New Principal Place of Business:****Current Mailing Address:**699 W. HICKPOCHEE AVE
LABELLE, FL 33935**New Mailing Address:****FEI Number:** 59-2319633**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VAN WAGENEN, PRUDI
329 RIVERVIEW DR.
LABELLE, FL 33935 US**Name and Address of New Registered Agent:**WINGARD, BILL
699 W. HICKPOCHEE AVE
LABELLE, FL 33935 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: BILL WINGARD

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** T () Delete
Name: VAN WAGENEN, PRUDI
Address: 329 RIVERVIEW DR
City-St-Zip: LABELLE, FL 33935**Title:** D () Delete
Name: DAVIS, WILLIAM E
Address: PO BOX 66
City-St-Zip: PALMDALE, FL 33944**Title:** D () Delete
Name: WILLIAMS, STEPHEN H
Address: 4009 SCHOOL CIRCLE
City-St-Zip: LABELLE, FL 33935**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: RENFRO, SAMUEL C
Address: 4540 SPRINGVIEW CIRCLE
City-St-Zip: LABELLE, FL 33935**Title:** D (X) Change () Addition
Name: BLAKE, FRANKLIN M
Address: 1165 CAPTIN HENDRY DR.
City-St-Zip: LABELLE, FL 33935**Title:** T (X) Change () Addition
Name: WINGARD, BILL
Address: 740 HELMS RD.
City-St-Zip: LABELLE, FL 33935

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: SAMUEL C. RENFRO

D

04/03/2009

Electronic Signature of Signing Officer or Director

Date