

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 29, 2010
Secretary of State

DOCUMENT# 763274

Entity Name: HUDSON POST NO. 4412 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**Current Principal Place of Business:**9734 DICK STREET
HUDSON, FL 34669 US**New Principal Place of Business:****Current Mailing Address:**9734 DICK STREET
HUDSON, FL 34669 US**New Mailing Address:****FEI Number:** 59-2341472**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ISAAC, KING E
6718 ALBATROSS LANE
HUDSON, FL 34667 US**Name and Address of New Registered Agent:**ISAAC, KING E
9730 BOLTON AVE
HUDSON, FL 34667 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:

11/29/2010

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** CMDR
Name: KING, ISAAC E
Address: 9730 BOLTON AVE.
City-St-Zip: HUDSON, FL 34667**Title:** QM
Name: MALONE, KENNETH
Address: 12248 COLONY LAKE BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34654**Title:** SRVC
Name: HALES, RUSSELL
Address: 12843 ITHACA AVE
City-St-Zip: HUDSON, FL 34667**Title:** JRVC
Name: KAEMPF, WILLIAM
Address: 12524 PARKWOOD STREET
City-St-Zip: HUDSON, FL 34669**Title:** ADJ
Name: BAKER, WALTER
Address: 12204 FEILDSTONE ST.
City-St-Zip: HUDSON, FL 34667**Title:** CHAP
Name: BERNETT, ED
Address: 14332 OVID DR.
City-St-Zip: HUDSON, FL 34667

I hereby 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 all other like empowered.

SIGNATURE: ISAAC E. KING

CMDR

11/29/2010

Electronic Signature of Signing Officer or Director_____
Date