## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#763315** 

FILED Jan 11, 2008 Secretary of State

Entity Name: LABELLE POST 10100 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business: New Principal Place of Business:

20 VETERANS WAY LA BELLE, FL 33935

US

Current Mailing Address: New Mailing Address:

P.O. BOX 1751

LABELLE, FL 33975 US

FEI Number: 59-2593942 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHOEMAGLO, MARK C. SCHOENWALD 1355 N RIVER DR. 1355 N RIVER RD.

LABELLE, FL 33935 US 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: MARK C. SCHOENWALD 01/11/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: C ( ) Delete Title: CDR (X) Change ( ) Addition

 Name:
 MIDDLETON, ROBERT P
 Name:
 MIDDLETON, ROBERT P

 Address:
 P.O. BOX 2069
 Address:
 P.O. BOX 2069

 City-St-Zip:
 LABELLE, FL 33975
 City-St-Zip:
 LABELLE, FL 33975

Title: VD ( ) Delete Title: SR V (X) Change ( ) Addition Name: DEPUE, GARY Name: GILLETTE, JOHN

 Name:
 DEFOL, GART
 Name:
 GIELETTE, GOTIN

 Address:
 4019 BATON NE CIR
 Address:
 4019 BATON NE CIR

 City-St-Zip:
 LABELLE, FL 33935
 City-St-Zip:
 LABELLE, FL 33935

Title: TSD ( ) Delete Title: JR V (X) Change ( ) Addition

 Name:
 MUNDAY, DAVID
 Name:
 HANSEN, JAMES

 Address:
 900 W HISKPOOHEE AVE LOT A-39
 Address:
 485 CASE RD

 City-St-Zip:
 LABELLE, FL 33935
 City-St-Zip:
 LABELLE, FL 33935

Title: DT ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 MUNDAY, DAVID
 Name:
 FRANCO, ROY

 Address:
 900 W HICKPOOHEE AVE LOT A-39
 Address:
 P.O. BOX 1228

 City-St-Zip:
 LABELLE, FL 33935
 City-St-Zip:
 LABELLE, FL 33975

Title: TD ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 SEAY, BOBBY W
 Name:
 PITTS, RON

 Address:
 397 MAHOGANY CT
 Address:
 975 EVANS RD

 City-St-Zip:
 LABELLE, FL 33935
 City-St-Zip:
 LABELLE, FL 33935

 Name:
 HANSEN, JAMÉS M
 Name:
 RYMAN, WILLÍAM

 Address:
 485 CASE RD.
 Address:
 900 AQUA ISLES M25

 City-St-Zip:
 LABELLE, FL 33935
 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: MARK C. SCHOENWALD ADJ 01/11/2008

Electronic Signature of Signing Officer or Director

Date