

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763315

FILED  
Jun 22, 2009  
Secretary of State

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

**Current Principal Place of Business:**

20 VETERANS WAY  
LA BELLE, FL 33935 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1751  
LABELLE, FL 33975 US

**New Mailing Address:**

**FEI Number:** 59-2593942 **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:**

MARK C. SCHOENWALD  
1355 N RIVER RD.  
LABELLE, FL 33935 US

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

SCHOENWALD, MARK C TREAS.  
1355 N RIVER RD.  
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

06/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CDR ( ) Delete  
Name: MIDDLETON, ROBERT P  
Address: P.O. BOX 2069  
City-St-Zip: LABELLE, FL 33975

Title: SR V ( ) Delete  
Name: GILLETTE, JOHN  
Address: 4019 BATON NE CIR  
City-St-Zip: LABELLE, FL 33935

Title: JR V ( ) Delete  
Name: HANSEN, JAMES  
Address: 485 CASE RD  
City-St-Zip: LABELLE, FL 33935

Title: T ( ) Delete  
Name: FRANCO, ROY  
Address: P.O. BOX 1228  
City-St-Zip: LABELLE, FL 33975

Title: T ( ) Delete  
Name: PITTS, RON  
Address: 975 EVANS RD  
City-St-Zip: LABELLE, FL 33935

Title: T ( ) Delete  
Name: RYMAN, WILLIAM  
Address: 900 AQUA ISLES M25  
City-St-Zip: LABELLE, FL 33935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SR V (X) Change ( ) Addition  
Name: WILHELM, CHARLES  
Address: 2033 MONTANA CIRCLE  
City-St-Zip: LABELLE, FL 33935

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: MARK C. SCHOENWALD

TREA

06/22/2009

Electronic Signature of Signing Officer or Director

Date