

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763315

FILED  
Feb 15, 2010  
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 ( )**

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

SCHOENWALD, MARK C TREAS.  
1355 N RIVER RD.  
LABELLE, FL 33935 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: CDR  
Name: MIDDLETON, ROBERT P  
Address: P.O. BOX 2069  
City-St-Zip: LABELLE, FL 33975

Title: SR V  
Name: WILHELM, CHARLES  
Address: 2033 MONTANA CIRCLE  
City-St-Zip: LABELLE, FL 33935

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

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

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

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

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: MARK C SCHOENWALD

TRES

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date