

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02434

FILED
Jan 30, 2008
Secretary of State

Entity Name: LAKE CITY POST NO.2206 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

343 SW FOREST LAWN WAY
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

BOX 276
LAKE CITY, FL 32056 US

New Mailing Address:

PO BOX 276
LAKE CITY, FL 32056 US

FEI Number: 59-6162481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORELAN, DONALD E JR
457 SW MONTEGO AVE
LAKE CITY, FL 32024 US

Name and Address of New Registered Agent:

VFW POST 2206
343 SW FOREST LAWN WAY
LAKE CITY, FL 32025 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: VFW POST 2206

01/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CDRD () Delete
Name: WILLIAMS, WAYNE
Address: 258 NW GERSON LN
City-St-Zip: LAKE CITY, FL 32055

Title: SRUD () Delete
Name: HERRING, JOE
Address: 334 SW SUNRISE WAY
City-St-Zip: LAKE CITY, FL 32024

Title: QM () Delete
Name: MORELAN, DONALD E JR
Address: 457 SW MONTEGO AVE
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDRD (X) Change () Addition
Name: FORMOSA, ROGER
Address: PO BOX 276
City-St-Zip: LAKE CITY, FL 32056

Title: SRV (X) Change () Addition
Name: HAGERICH, PAUL
Address: PO BOX 276
City-St-Zip: LAKE CITY, FL 32056

Title: QM (X) Change () Addition
Name: DESSERT, NORMAN
Address: PO BOX 276
City-St-Zip: LAKE CITY, FL 32056

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: NORMAN DESSERT

QM

01/30/2008

Electronic Signature of Signing Officer or Director

Date