

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010505

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** DEPARTMENT OF FLORIDA, VETERANS OF FOREIGN WARS, FOUNDATION, INC.

**Current Principal Place of Business:**

543 NE SANCHEZ AVE  
OCALA, FL 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

543 NE SANCHEZ AVE  
OCALA, FL 34470 US

**New Mailing Address:**

**FEI Number:** 55-0854578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BACHAND, WAYNE B  
543 NE SANCHEZ AVE  
OCALA, FL 34470 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: PD ( ) Delete  
Name: MCDERMOTI, JACK  
Address: 543 NE SANCHEZ AVE  
City-St-Zip: ORANGE PARK, FL 32073 US

Title: VPD ( ) Delete  
Name: HARRIS, DAVE  
Address: 543 NE SANCHEZ AVE  
City-St-Zip: CITRUS SPRINGS, FL 34434 US

Title: STD ( ) Delete  
Name: BACHAND, WAYNE B  
Address: 543 NE SANCHEZ AVE  
City-St-Zip: OCALA, FL 34470 US

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

Title: PD (X) Change ( ) Addition  
Name: HARRIS, DAVE  
Address: 543 NE SANCHEZ AVE  
City-St-Zip: OCALA, FL 34470 US

Title: VPD (X) Change ( ) Addition  
Name: SURFACE, STEVE  
Address: 543 NE SANCHEZ AVE  
City-St-Zip: OCALA, FL 34470 US

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: WAYNE B BACHAND

STD

04/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date