

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010624

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** MEN'S AUXILIARY WEST ORANGE POST NO. 4305 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**Current Principal Place of Business:**

1170 EAST PLANT ST.  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 292  
OCOEE, FL 34761

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

NELSON, JAMES  
954 WOODSON HAMMOCK CIRCLE  
WINTER GARDEN, FL 34987 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: P ( ) Delete  
Name: HULSEY, KURT  
Address: 350 DOUGLAS WAY  
City-St-Zip: WINTER GARDEN, FL 34784

Title: T ( ) Delete  
Name: BUCHTEL, GILBERT  
Address: 6106 FOX HUNT TRAIL  
City-St-Zip: ORLANDO, FL 32808

Title: V ( ) Delete  
Name: EDMONSON, STEVE  
Address: 3907 SOTO RD  
City-St-Zip: GROVELAND, FL 34736

Title: T ( ) Delete  
Name: ARMSTRONG, BRENT  
Address: 730 PARK APT B  
City-St-Zip: WINTER GARDEN, FL 34761

Title: T ( ) Delete  
Name: CAIN, BOBBY  
Address: 711 VANDERGRIFF DR  
City-St-Zip: OCOEE, FL 34761

Title: T ( ) Delete  
Name: KEILER, ERNIE  
Address: 37 EAGLE KEY CT  
City-St-Zip: OCOEE, FL 34761

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

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:

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: JAMES A. NELSON

ADJU

04/29/2009

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

\_\_\_\_\_  
Date