

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004477

FILED
Mar 02, 2009
Secretary of State

Entity Name: KWVA FLORIDA GULF COAST CHAPTER #155, INC

Current Principal Place of Business:

VFW POST #8463
4711 S.E. 11TH PLACE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1101 SW 54TH LN
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 42-1630272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHRADER, ROBERT W
7894 SANDEL WOOD CIRCLE W.
FORT MYERS, FL 33908 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: HAMM-JOHNSON, DON
Address: 524 SW 33RD ST
City-St-Zip: CAPE CORAL, FL 33904

Title: 2VP () Delete
Name: DEGOSKI, EDWARD
Address: 1403 SW 43RD LN
City-St-Zip: CAPE CORAL, FL 33914

Title: T () Delete
Name: KENT, ROBERT
Address: 1101 S.W. 54TH LANE
City-St-Zip: CAPE CORAL, FL 33914

Title: SA () Delete
Name: MONTAGNINO, JEROME
Address: 5309 SW 11TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: S () Delete
Name: SHRADER, ROBERT W
Address: 7894 SANDEL WOOD CIRCLE WEST
City-St-Zip: FORT MYERS, FL 33908

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: 1VP (X) Change () Addition
Name: HEBNER, ROBERT H
Address: 404 SE 28TH TER.
City-St-Zip: CAPE CORAL, FL 33904

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: 2VP () Change (X) Addition
Name: JOHN, KLOEKER H
Address: 531 SE 33RD ST
City-St-Zip: CAPE CORAL, FL 33904

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: ROBERT KENT

T

03/02/2009

Electronic Signature of Signing Officer or Director

Date