2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007324

FILED Jan 20, 2009 Secretary of State

Entity Nan	ne: UNITED\	/ETERANS OF PORT ST. LUC	CIE, FLORIDA, INC.	·	
Current Pr	incipal Place	of Business:	New Principal	Place of Business:	
	CALIFORNIA B LUCIE, FL 349				
Current Mailing Address:			New Mailing A	New Mailing Address:	
	CALIFORNIA B LUCIE, FL 349				
FEI Number:	47-0943488	FEI Number Applied For()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1919 SW B	ELD, RONALD BEAUREGARD LUCIE, FL 349				
The above in the State		submits this statement for the p	urpose of changing its reg	istered office or registered agent, or both,	
SIGNATUR					
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS	AND DIREC	TORS:	ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () KNEPSHIELD, I 1919 SW BEAU PORT ST LUCIE	REGARD ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LA VALLE, CAT	SIDE TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () RIPPERGER, F 6145 NW EAST PORT ST LUCIE	DEVILLE CR	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CATHERINE L. LAVALLE VP 01/20/2009