

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003962

FILED
Apr 10, 2009
Secretary of State

Entity Name: APALACHEE VALLEY POST NO. 12010, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

10405 THEO JACOBS WAY
BRISTOL, FL 32321

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 458
BRISTOL, FL 32321

New Mailing Address:

P.O. BOX 243
BRISTOL, FL 32321

FEI Number: 59-3802832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICKRON, BOBBY G
10405 THEO JACOBS WAY
BRISTOL, FL 32321 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: C () Delete
Name: MCGEE, GARY T
Address: P.O. BOX 463
City-St-Zip: BRISTOL, FL 32321

Title: VD () Delete
Name: MONEY, RODNEY D
Address: 16517 NW CR 12
City-St-Zip: BRISTOL, FL 32321

Title: S () Delete
Name: PICKRON, BOBBY G
Address: POST OFFICE BOX 243
City-St-Zip: BRISTOL, FL 32321

Title: TD () Delete
Name: DUNCAN, CARL J
Address: 459 INKWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: PARRISH, ELLIE D
Address: 18090 NW COUNTY ROAD 274
City-St-Zip: ALTHA, FL 32421

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: CARL J. DUNCAN

TD

04/10/2009

Electronic Signature of Signing Officer or Director

Date