2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N05000009914

Entity Name: UNITED STATES MILITARY CHARITABLE SUPPORT FOUNDATION, INC.

Current Principal Place of Business:

6416 BARTON CREEK CIRCLE
LAKE WORTH, FL 33463

New Principal Place of Business:

9001 PARAGON WAY
BOYNTON BEACH, FL 33437

Current Mailing Address:

6416 BARTON CREEK CIRCLE
LAKE WORTH, FL 33463

New Mailing Address:

9001 PARAGON WAY
BOYNTON BEACH, FL 33437

FEI Number: 20-3443343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALMER, PATTY
6416 BARTON CREEK CIRCLE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

PALMER, PATTY PRES
9001 PARAGON WAY
BOYNTON BEACH, FL 33472 US

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: PATTY PALMER 04/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PALMER, PATTY
Address: 6416 BARTON CREEK CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: D (X) Delete
Name: BUTLER, FRANK
Address: 115 VAN GOGH WAY ROYAL
City-St-Zip: PALM BCH, FL 33411

Title: DV (X) Delete
Name: SPARKS, TIM
Address: 1910 CAPESIDE CIR
City-St-Zip: WELLINGTON, FL 33467

Title: D (X) Delete
Name: FONTAIN, JOHN
Address: 2701 NE 42ND ST
City-St-Zip: LIGHTHOUSE PT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: PALMER, PATTY
Address: 9001 PARAGON WAY
City-St-Zip: BOYNTON BEACH, FL 33437

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: PATTY PALMER DP 04/23/2009
Electronic Signature of Signing Officer or Director Date