

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010097

FILED
Jan 07, 2008
Secretary of State

Entity Name: GROVELAND-MASCOTTE MEMORIAL POST #239, INC.

Current Principal Place of Business:

307 AMERICAN LEGION RD
MASCOTTE, FL 34753

New Principal Place of Business:

Current Mailing Address:

PO BOX 932
GROVELAND, FL 34736

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:

MURARO, LOUIS J
337 E. SUNSET ST
GROVELAND, FL 34736 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: D () Delete
Name: MURARO, LOUIS J
Address: 337 E SUNSET STREET
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: BULMAN, CLEMENT
Address: 250 ELBERTA STREET
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: LUNDQUIST, JUDY
Address: 5605 EMPIRE CHURCH RD
City-St-Zip: GROVELAND, FL 34736

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:

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: JUDY LUNDQUIST

D

01/07/2008

Electronic Signature of Signing Officer or Director

Date