

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005894

FILED
Apr 20, 2009
Secretary of State

Entity Name: THE HONORABLE DISCHARGED VETERANS OF SARASOTA COUNTY, INC.

Current Principal Place of Business:

2445 FRUITVILLE ROAD
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2445 FRUITVILLE ROAD
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 20-4983482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, BOSTON
2901 NEW ENGLAND STREET
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

ALLEN, VELMA
2445 FRUITVILLE ROAD
SARASOTA, FL 34231 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: VELMA ALLEN

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: DIXON, BOSTON
Address: 2445 FRUITVILLE ROAD
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: DIXON, IRENE B
Address: 2445 FRUITVILLE ROAD
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: BRESLIN, MARY E
Address: 2445 FRUITVILLE ROAD
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALLEN, VELMA
Address: 2445 FRUITVILLE ROAD
City-St-Zip: SARASOTA, FL 34237

Title: S (X) Change () Addition
Name: WEILAND, KIM
Address: 2445 FRUITVILLE ROAD
City-St-Zip: SARASOTA, FL 34237

Title: VP (X) Change () Addition
Name: FONNEY, MAXINE
Address: 65013 BRAE BURN
City-St-Zip: SARASOTA, FL 34234

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: VELMA ALLEN

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date