2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# N06000007080

Entity Name: APOPKA/ALTAMONTE SPRINGS VETERANS OF FOREIGN WARS OF THE UNITED STATES POST 10147 FOUNDATION, INC.

Current Principal Place of Business:

509 S CENTRAL AVE
APOPKA, FL 32703

New Principal Place of Business:

519 S CENTRAL AVE
APOPKA, FL 32703

Current Mailing Address:

519 S CENTRAL AVE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-2917986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VECCHIO, ORTENZIO
1230 GLENMORE DR
APOPKA, FL 32712 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: VECCHIO, ORTENZIO A
Address: 1230 GLENMORE DR
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: FERGUSON, JAMES
Address: 3417 WAX MYRTLE CIR
City-St-Zip: ZELLWOOD, FL 32798

Title: D ( ) Delete
Name: ECHON, JOHN
Address: 1105 MILL RUNN CIR
City-St-Zip: APOPKA, FL 32703

Title: SVC ( ) Delete
Name: SURIFF, MARY
Address: 1346 CHABON CT
City-St-Zip: APOPKA, FL 32712

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:

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: ORTENZIO VECCHIO DIR 01/14/2008

Electronic Signature of Signing Officer or Director — Date