2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# N06000007375

Entity Name: SONS OF AMVETS SQUADRON 14 CORP

Current Principal Place of Business:

10450 S.E.DIXIE HWY.
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

10450 S.E.DIXIE HWY.
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 20-5112374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LARESE, GENO A
8628 S.E. OLEANDER ST.
HOBE SOUND, FL 33455 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:	COMM	( ) Delete
Name:	LARESE, GENO A	
Address:	8628 S.E. OLEANDER ST.	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	1VC	( ) Delete
Name:	MILLER, ROBERT	
Address:	5905 TANGERINE	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	2VC	( ) Delete
Name:	BLACK, CHARLIE S	
Address:	7770 S.E. FED. HWY.	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	ADJ	( ) Delete
Name:	LANGBERG, KENNY	
Address:	10885 S.E. FEDERAL HWY.	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	FO	( ) Delete
Name:	PAVLIK, TERRY J	
Address:	10885 S.E. FEDERAL HWY. LOT #8	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	JA	( ) Delete
Name:	BUNDY, CLARK J	
Address:	7587 SWAN AVE.	
City-St-Zip:	HOBE SOUND, FL 33455	

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:	
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: GENO A. LARESE COMM 03/21/2009
Electronic Signature of Signing Officer or Director — Date