

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 29, 2009
Secretary of State

DOCUMENT# N07000004070

Entity Name: FLORIDA PACK, MILITARY ORDER OF DEVIL DOGS INC.**Current Principal Place of Business:**8617 KNOB HILL CT.
NEW PORT RICHEY, FL 346536727**New Principal Place of Business:**8617 KNOB HILL CT
NEW PORT RICHEY, FL 34653**Current Mailing Address:**8617 KNOB HILL CT.
NEW PORT RICHEY, FL 346536727**New Mailing Address:**8617 KNOB HILL CT
NEW PORT RICHEY, FL 34653**FEI Number:** 20-8920446**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JOPPA, STEPHEN C ST
8617 KNOB HILL CT
NEW PORT RICHEY, FL 34653 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: P () Delete
Name: CONDY, DALE
Address: 130 SW SURREAL CT
City-St-Zip: LAKE CITY, FL 320244500

Title: V () Delete
Name: PUGLIESE, JOHN
Address: 2369 CLINCH DR
City-St-Zip: FERNANDINA BEACH, FL 320348553

Title: V () Delete
Name: CALLEJA, LOU
Address: 19321 CARIBBEAN CT.
City-St-Zip: TEQUESTA, FL 334692075

Title: ST () Delete
Name: JOPPA, STEPHEN
Address: 8617 KNOB HILL CT.
City-St-Zip: NEW PORT RICHEY, FL 346536727

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CALLEJA, LOU
Address: 8617 KNOB HILL CT
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VD (X) Change () Addition
Name: PUGLIESE, JOHN
Address: 8617 KNOB HILL CT
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VD (X) Change () Addition
Name: BACKES, WILLIAM
Address: 8617 KNOB HILL CT
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: ST (X) Change () Addition
Name: JOPPA, STEPHEN
Address: 8617 KNOB HILL CT
City-St-Zip: NEW PORT RICHEY, FL 34653

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: STEPHEN JOPPA

ST

09/29/2009

Electronic Signature of Signing Officer or Director

Date