

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011979

FILED
Feb 17, 2009
Secretary of State

Entity Name: GLISSON JAMES POST NO. 59, INC.

Current Principal Place of Business:

1220 NE 127TH LANE
BRANFORD, FL 32008

New Principal Place of Business:

229 SE NANCY AVE
BRANFORD, FL 32008

Current Mailing Address:

PO BOX 1366
BRANFORD, FL 32008

New Mailing Address:

FEI Number: 74-3223732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WILLIAM B
1220 NE 127TH LANE
BRANFORD, FL 32008 US

Name and Address of New Registered Agent:

ROBARTS, CHARLES W SR
229 SE NANCY AVE
BRANFORD, FL 32008 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: CHARLES W. ROBARTS, SR.

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, WILLIAM B
Address: 1220 NE 127TH LANE
City-St-Zip: BRANFORD, FL 32008

Title: D () Delete
Name: DANIEL, CHARLES W
Address: 503 NE CARTER AVE
City-St-Zip: BRANFORD, FL 32008

Title: D () Delete
Name: MANGONE, MICHAEL V
Address: 11019 NW 5TH AVE
City-St-Zip: BRANFORD, FL 32008

Title: DV () Delete
Name: MAXGONE, MICHAEL V
Address: 11019 NW 5TH AVE
City-St-Zip: BRANFORD, FL 32008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: ROBARTS, CHARLES W SR
Address: 229 SE NANCY AVE
City-St-Zip: BRANFORD, FL 32008

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MANGONE, MICHAEL V
Address: 11019 NW 5TH AVE
City-St-Zip: BRANFORD, FL 32008

Title: VP (X) Change () Addition
Name: HANN, THOMAS A
Address: PO BOX 575
City-St-Zip: BRANFORD, FL 32008

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: CHARLES W. ROBARTS, SR

T

02/17/2009

Electronic Signature of Signing Officer or Director

Date