

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07892

FILED
Apr 16, 2009
Secretary of State

Entity Name: DALE MABRY POST 139, INC.

Current Principal Place of Business:

3818 W BAY VISTA AVE
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

3818 W BAY VISTA AVE
TAMPA, FL 33611 US

New Mailing Address:

FEI Number: 59-0944529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEEL, CHARLES J JR
4045 HENDERSON BLVD
TAMPA, FL 33629 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: MR () Delete
Name: GRIFFITH, ART
Address: 136 33RD AVE N
City-St-Zip: ST PETERSBURG, FL 33704

Title: MR () Delete
Name: UKLEYA, GERALD
Address: 6462 S HIMES AVE
City-St-Zip: TAMPA, FL 33611

Title: MR (X) Delete
Name: HOLLEY, ALLEN S
Address: 6906 N WILLOW AVE
City-St-Zip: TAMPA, FL 33604

Title: MR () Delete
Name: DELONG, DAVID
Address: 4711 W EL PRADO AVE
City-St-Zip: TAMPA, FL 33629 US

Title: MR () Delete
Name: ED, CRONEY
Address: 4436 W BAY AVE
City-St-Zip: TAMPA, FL 33611

Title: MR () Delete
Name: SWENDEN, NORMAN A
Address: 4211 W BAY VILLA AVE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: HOLLEY, ALLEN
Address: 6906 N WILLOW AVE
City-St-Zip: TAMPA, FL 33604

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: MS (X) Change () Addition
Name: MULCARE, SALLY
Address: 3801 N OAK DRIVE
City-St-Zip: TAMPA, FL 33611

Title: MR (X) Change () Addition
Name: LEE, ROBERT
Address: 4711 S HIMES APT 1602
City-St-Zip: TAMPA, FL 33611

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: ALLEN HOLLEY

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date