

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010063

FILED
Jan 14, 2009
Secretary of State

Entity Name: U.S. VETERANS, INC. POST 102

Current Principal Place of Business:

18611 N. HWY 441
ORANGE LAKE, FL 32681

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 431
ORANGE LAKE, FL 32681

New Mailing Address:

FEI Number: 52-8014966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, MCCLAIN
19200 NW 54TH COURT
ORANGE LAKE, FL 32681 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: COM () Delete
Name: RUSSELL, MCCLAIN
Address: PO BOX 431
City-St-Zip: ORANGE LAKE, FL 32681

Title: SRV () Delete
Name: CAPRIOTTI, FRED
Address: PO BOX 718
City-St-Zip: MCINTOSH, FL 32664

Title: JRV () Delete
Name: WALKER, RICHARD A
Address: PO BOX 27
City-St-Zip: MCINTOSH, FL 32664

Title: QMTR () Delete
Name: RUSSELL, MCCLAIN
Address: PO BOX 431
City-St-Zip: ORANGE LAKE, FL 32681

Title: ADJ () Delete
Name: BARRIE, RICHARD
Address: 9540 NW 200 ST
City-St-Zip: MCINTOSH, FL 32664

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:

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: RUSSELL MCCLAIN

COM

01/14/2009

Electronic Signature of Signing Officer or Director

Date