## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000010406

13975 NE 200A

SPARR, FL 32192

Address: City-St-Zip:

Entity Name: ILS VETERANS CORP POST 100

FILED Jul 08, 2009 Secretary of State

Current P	iccordance with s. 607.193(2)(b), F.S., the corporation did not recome and Address of Current Registered Agent:  MES, WILLIAM G CFO 30 NW 193RD ST. RANGE LAKE, FL 32681 US  e above named entity submits this statement for the purphe State of Florida.  GNATURE:  Electronic Signature of Registered Agent  FICERS AND DIRECTORS:  E: CEO () Delete ne: RUSSELL, FRANK V ress: P.O. BOX 215 r-St-Zip: ORANGE LAKE, FL 32681  E: VP () Delete ne: PERKINS, DONNIE ress: 2713 E. HWY 329 r-St-Zip: ANTHONY, FL 32617  E: CFO () Delete ne: JAMES, WILLIAM G ress: P.O. BOX 572 r-St-Zip: ORANGE LAKE, FL 32681  E: TSTE () Delete ne: CORNETT, GENE A ress: 18467 NE 5TH CT. r-St-Zip: CITRA, FL 32117	New Principal Place of Business:
Current M	lailing Address:	New Mailing Address:
		PO BOX 572 ORANGE LAKE, FL 32681
FEI Number: In accordan	11 1,	•
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
5580 NW 1	193RD ST.	
		urpose of changing its registered office or registered agent, or both
SIGNATUR	RE:	
		nt Date
OFFICERS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	RUSSELL, FRANK V P.O. BOX 215	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	PERKINS, DONNIE 2713 E. HWY 329	Title: VP (X) Change ( ) Addition Name: ROBBINS, CHARLES Address: 16535 N HWY 301 City-St-Zip: CITRA, FL 32113
Title: Name: Address: City-St-Zip:	JAMES, WILLIÁM G P.O. BOX 572	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	CORNETT, GENE A 18467 NE 5TH CT.	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name:	JRV ( ) Delete WATERS, JAMES	Title: ( ) Change ( ) Addition Name:

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.

Address:

City-St-Zip:

SIGNATURE: FRANK V RUSSELL CEO 07/08/2009