

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

DOCUMENT# N14147

**Entity Name:** SOUTHERNMOST POST NO. 3911 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**Current Principal Place of Business:**2200 ROOSEVELT BLVD.  
KEY WEST, FL 33040**New Principal Place of Business:****Current Mailing Address:**2200 ROOSEVELT BLVD.  
KEY WEST, FL 33040**New Mailing Address:****FEI Number:** 59-0692720**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CRANE, JONATHAN  
2200 ROOSEVELT BLVD.  
KEY WEST, FL 33040 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:** PC ( ) Delete  
**Name:** ELLSON, RICHARD  
**Address:** SI POB 268  
**City-St-Zip:** KEY WEST, FL 33041**Title:** SVC ( ) Delete  
**Name:** TIBOU, MATTHEW T  
**Address:** 544 HAMMOD PR  
**City-St-Zip:** KEY WEST, FL 330406337**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PC (X) Change ( ) Addition  
**Name:** HEISE, EDWARD  
**Address:** 3122 RIVIERA DR  
**City-St-Zip:** KEY WEST, FL 33040**Title:** SVC (X) Change ( ) Addition  
**Name:** WILSON, JOHN L  
**Address:** 32 BEACH DR  
**City-St-Zip:** KEY WEST, FL 33040**Title:** QM ( ), Change (X) Addition  
**Name:** OKUMA, ANTHONY T  
**Address:** 720 EMMA STREET  
**City-St-Zip:** KEY WEST, FL 33040

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: ANTHONY TODD OKUMA

QM

09/29/2009

Electronic Signature of Signing Officer or Director

Date