

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2010
Secretary of State

DOCUMENT# N14633

Entity Name: WAY-WHITEHOUSE MEMORIAL AMVETS (AMERICAN VETERANS) POST 35, INC.

Current Principal Place of Business:

105 JOHN KING RD.
C/O JESSE D. WAY
CRESTVIEW, FL 325398307 US

New Principal Place of Business:

Current Mailing Address:

105 JOHN KING RD.
C/O JESSE D. WAY
CRESTVIEW, FL 325398307 US

New Mailing Address:

FEI Number: 59-2863189 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WAY, JESSE D
105 JOHN KING RD
CRESTVIEW, FL 325398307 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: D
Name: HAFNER, WILLIAM D
Address: 4805 YOUNG RD
City-St-Zip: CRESTVIEW, FL 325396348 US

Title: PD
Name: WAY, JESSE D D
Address: 1217 VALLEY RD
City-St-Zip: CRESTVIEW, FL 325398306 US

Title: T
Name: SARRASIN, CRAIG D
Address: 2822 OLD MILL WAY
City-St-Zip: CRESTVIEW, FL 32539 US

Title: D
Name: HINRICHS, STEVEN W D
Address: 1362 PLEASANT TERR
City-St-Zip: CRESTVIEW, FL 325399038 US

Title: D
Name: WESTBY, ELIZABETH
Address: 4767 BALBOA RD
City-St-Zip: CRESTVIEW, FL 325396349 US

Title: S
Name: ETHRIDGE, JOHN R
Address: 3288 FAIRVIEW AVE
City-St-Zip: CRESTVIEW, FL 32539 US

I hereby 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 all other like empowered.

SIGNATURE: JESSE D. WAY

PD

01/05/2010

Electronic Signature of Signing Officer or Director

_____ Date