

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# N14872

Entity Name: FORT PIERCE WESTSIDE POST NO. 8058 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

%PETER CAMACHO
3475 DOUGLAS RD
FORT PIERCE, FL 34951 US

New Principal Place of Business:

Current Mailing Address:

%PETER CAMACHO
PO BOX 1765
FORT PIERCE, FL 349541765 US

New Mailing Address:

FEI Number: 59-2311743 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMACHO, PETER
13501 OKEECHOBEE ROAD
FORT PIERCE, FL 34945 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: VP () Delete
Name: ADAMS, JAMES
Address: 5195 MARGARET ANN LANE
City-St-Zip: FORT PIERCE, FL 49546

Title: PD () Delete
Name: WILSON, WILLIAM J
Address: 5610 PALMETTO DR
City-St-Zip: FORT PIERCE, FL 349827448

Title: T () Delete
Name: CAMACHO, PETER
Address: 13501 OKEECHOBEE ROAD
City-St-Zip: FORT PIERCE, FL 34954

Title: D () Delete
Name: DIEHL, HENRY
Address: 6122 NW DAROCO TERRACE
City-St-Zip: PORT ST LUCIE, FL 34948

Title: D () Delete
Name: PACHECO, JOSEPH J
Address: 1116 CLUB DR
City-St-Zip: FORT PIERCE, FL 34982

Title: SD () Delete
Name: KEEGAN, RICHARD
Address: 15094 AGUILA AVE
City-St-Zip: FORT PIERCE, FL 34951

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
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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: PETER CAMACHO

RA

06/23/2009

Electronic Signature of Signing Officer or Director

_____ Date