

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18959

FILED
Jan 05, 2011
Secretary of State

Entity Name: LAKESHORE POST 137, INC.

Current Principal Place of Business:

5443 SAN JUAN AVE.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5443 SAN JUAN AVE.
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 59-0589516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, EMORY T
8611 OLD PLANK RD
JACKSONVILLE, FL 32220 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: THOMPSON, CLYDE D
Address: 8006 JAGUAR DR.
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: LEPORE, GENARRO
Address: 4523 ANDERS BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D
Name: GRAY, LEWIS
Address: 6065 CAPRICE DR.
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: KELLY, WILLIAM
Address: 5686 WOLF CREEK DR.
City-St-Zip: JACKSONVILLE, FL 32222

Title: D
Name: JOWERS, CARL
Address: 3146 SWEETWATER OAKS S.
City-St-Zip: JACKSONVILLE, FL 32223

Title: D
Name: MALO, ROGER
Address: 11945 DOVER VILLAGE DR. W.
City-St-Zip: JACKSONVILLE, FL 32220

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: EMORY T AUSTIN

CMDR

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date