

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30623

FILED
Apr 20, 2009
Secretary of State

Entity Name: COCOA AMVETS, POST 27, INC.

Current Principal Place of Business:

530 LUCAS PLACE
MERITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

530 LUCAS PLACE
MERITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 59-2962530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, EDWARD G.
530 LUCAS PLACE
MERITT ISLAND, FL 32953 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 () Delete
Name: WILLIAMS, EDWARD G.
Address: 1815 CARLTON STREET
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VC () Delete
Name: SANDERS, WILLIE L
Address: 1142 MANATEE DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: JA () Delete
Name: DIXON, ELMER LEO
Address: 1212 MYRTLE LANE
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: BLAND, ALBERTH H JR
Address: 1125 WOODSMERE PARKWAY
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: HAYNES, FREDERICK
Address: 2476 DELYS ST
City-St-Zip: COCOA, FL 32922

Title: D () Delete
Name: BETHUNE, DAWSON
Address: 1017 MARLIN DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

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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Address:
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: EDWARD G WILLIAMS

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date