2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31947

FILED Jun 29, 2009 Secretary of State

Entity Name: COMBAT VETERANS MEMORIAL POST NO 9853 VETERANS OF FOREIGN WARS OF THE UNITED

STATES, INC.

Current Principal Place of Business: New Principal Place of Business:

75 N OLIVIA DR

AVON PARK, FL 338259173 US

Current Mailing Address: New Mailing Address:

75 N OLIVIA DR

AVON PARK, FL 338259173 US

FEI Number: 59-2920348 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: Name and Address of New Registered Agent:

PINZON, CESAR A BASS, JIM N

75 N OLÍVE DR 2084 WEST LOWEN ROAD AVON PARK, FL 33825 US AVON PARK, FL 33825

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: JIM N. BASS 06/29/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

TURNER, RICHARD E MURPHY, MIKE J Name: Name: 408 S AVELO LAKE RD Address: 1350 NORTH LAKE AVE. LOT #111 Address:

AVON PARK, FL 33825 AVON PARK, FL 33825

City-St-Zip: City-St-Zip:

Title: SVC () Delete Title: SVC (X) Change () Addition BOONE, ROBERT Name: COWSERT, NOEL Name:

Address: 1850 UW HWY 27 S Address: PO BOX 896

City-St-Zip: AVON PARK, FL 33825 City-St-Zip: AVON PARK, FL 33825

Title: JVC () Delete Title: JVC (X) Change () Addition BASS, JIM N LOVIEN, LYMAN W Name: Name:

Address: 2084 W LOWEN RD Address: PO BOX 317 City-St-Zip: AVON PARK, FL 33825 City-St-Zip: EPPING, NH 03042

Title: QM () Delete Title: OM (X) Change () Addition

AUGUSTUS PINZON, CESAR Name: Name: BASS, JIM N 2084 WEST LOWEN ROAD Address: 2513 B LABELLE RD Address: AVON PARK, FL 33825 City-St-Zip: AVON PARK, FL 33825 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: JIM N. BASS QM 06/29/2009