

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33476

FILED
Mar 02, 2009
Secretary of State

Entity Name: WEST HOLLYWOOD POST #308, INC.

Current Principal Place of Business:

17005 NW 32ND AVE
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6005
HOLLYWOOD, FL 33081 US

New Mailing Address:

FEI Number: 59-6200349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIRGIL, CAROLYN M
17005 NW 32ND AVE
OKEECHOBEE, FL 34972 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: DP () Delete
Name: VIRGIL, CAROLYN
Address: 17005 NW 32ND AV E
City-St-Zip: OKEECHOBEE, FL 34973

Title: DV () Delete
Name: YOUNG, ROBERT
Address: 720 NW 71ST AVE
City-St-Zip: HOLLYWOOD, FL 33024

Title: S () Delete
Name: WENZEL, LAWRENCE
Address: 6018 SW 18TH STREET
City-St-Zip: MIRAMAR, FL 3302

Title: DV () Delete
Name: CHAELES, PERKINS
Address: 17440 NW 38TH AVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: DV () Delete
Name: KEUMIN, HAROLD
Address: 5722 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: DV () Delete
Name: NOVACK, BRUCE
Address: 4262 SW 78 DRIVE
City-St-Zip: DAVIE, FL 33328

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: D (X) Change () Addition
Name: CHAELES, PERKINS
Address: 17440 NW 38TH AVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D (X) Change () Addition
Name: KEUMIN, HAROLD
Address: 5722 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: D (X) Change () Addition
Name: NOVACK, BRUCE
Address: 4262 SW 78 DRIVE
City-St-Zip: DAVIE, FL 33328

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: ROBERT A. YOUNG

DV

03/02/2009

Electronic Signature of Signing Officer or Director

Date