

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38411

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** POST NAME: ORANGE LAKE POST NO. 10733 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**Current Principal Place of Business:**

19241 N. HWY 441  
ORANGE LAKE, FL 32681

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 607  
ORANGE LAKE, FL 32681

**New Mailing Address:**

**FEI Number:** 59-2985054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAMES, WILLIAM G  
5580 NW 193RD ST.  
ORANGE LAKE, FL 32681 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: C ( ) Delete  
Name: MCQUITTY, GERALD L  
Address: 3751 NE 140TH AVE  
City-St-Zip: WILLISTON, FL 32696

Title: D ( ) Delete  
Name: LECHER, MICHAEL JR  
Address: POST OFFICE BOX 659  
City-St-Zip: MACINTOSH, FL 32664

Title: D ( ) Delete  
Name: JAMES, WILLIAM  
Address: 5580 NW 193RD ST PO BOX 592  
City-St-Zip: ORANGE LAKE, FL 32681

Title: JVC ( ) Delete  
Name: KUTCHER, JOSEPH  
Address: PO BOX 221  
City-St-Zip: MC INTOSH, FL 32664

Title: T ( ) Delete  
Name: HAMILTON, WILLIE  
Address: POST OFFICE BOX 465  
City-St-Zip: MCINTOSH, FL 32664

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: ROBBINS, CHARLES A  
Address: 2850 NE 52CT #19  
City-St-Zip: SILVER SPRINGS, FL 34888

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  
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: WILLIAM G JAMES

QM

01/08/2009

Electronic Signature of Signing Officer or Director

Date