2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000210

Jan 20, 2009 Secretary of State

Entity Name: HERNANDO COUNTY POST NO. 8713 VETERANS OF FOREIGN WARS OF THE UNITED STATES,

INC

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

1681 E JEFFERSON ST1681 E JEFFERSON STBROOKSVILLE, FL 34605BROOKSVILLE, FL 34601

Current Mailing Address: New Mailing Address:

 VFW POST 8713
 1681 E. JEFFERSON ST.

 PO BOX 1796
 PO BOX 1796

 BROOKSVILLE, FL 34605
 BROOKSVILLE, FL 34601

FEI Number: 59-2644461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORMAN, PERRY

1681 EAST JEFFERSON ST

BROOKSVILLE, FL 34601 US

CORMAN, PERRY

1681 E. JEFFERSON ST.

BROOKSVILLE, FL 34601 US

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: PERRY CORMAN 01/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: QM () Delete Title: QM (X) Change () Addition Name: CORMAN, PERRY Name: CORMAN, PERRY

 Address:
 1681 EAST JEFFERSON
 Address:
 1681 EAST JEFFERSON ST

 City-St-Zip:
 BROOKSVILLE, FL 34601
 City-St-Zip:
 BROOKSVILLE, FL 34601

Title: COMM () Delete Title: () Change () Addition Name: SIMONETTI, JAMES Name:

 Name:
 SIMONETTI, JAMES
 Name:

 Address:
 7052 PINE NEEDLE LN
 Address:

 City-St-Zip:
 BROOKSVILLE, FL 34601
 City-St-Zip:

Title: SRV () Delete Title: SRV (X) Change () Addition Name: NELSON, JOESPH Name: GASKILL, BARRY

Address: 1681 EAST JEFFERSON Address: 1681 EAST JEFFERSON City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: BROOKSVILLE, FL 34601

Name:NESBIT, MARIONName:TOWLE, ROGERAddress:1681 EAST JEFFERSONAddress:1681 EAST JEFFERSONCity-St-Zip:BROOKSVILLE, FL 34601City-St-Zip:BROOKSVILLE, FL 34601

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 SIMONETTI COMM 01/20/2009