

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000984

FILED
Mar 02, 2009
Secretary of State

Entity Name: GEORGE R. BAXMANN 8154 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

3954 PAUL S. BUCHMAN HWY.
ZEPHYRHILLS, FL 33539

New Principal Place of Business:

Current Mailing Address:

PO BOX 582
ZEPHYRHILLS, FL 33539

New Mailing Address:

FEI Number: 59-6166226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENSEN, STEVEN
5015 HILL DR
ZEPHYRHILLS, FL 33542 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: JENSEN, STEVE
Address: 5015 HILL DR
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: SVC () Delete
Name: BUMP, AL
Address: P.O. BOX 582
City-St-Zip: ZEPHYRHILLS, FL 33539

Title: QM () Delete
Name: SLANAKER, DAVID R
Address: P.O. BOX 582
City-St-Zip: ZEPHYRHILLS, FL 33539

Title: TRUS () Delete
Name: DICKERSON, DANIEL
Address: 3120 PINEY BARK
City-St-Zip: ZEPHYRHILLS, FL 33543

Title: TRUS () Delete
Name: HURST, RICK
Address: 3954 HWY 39
City-St-Zip: ZEPHYRHILLS, FL 33539

Title: TRUS () Delete
Name: WELLS, MIKE
Address: P.O. BOX 582
City-St-Zip: ZEPHYRHILLS, FL 33539

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: STEVEN JENSEN

C

03/02/2009

Electronic Signature of Signing Officer or Director

Date