

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003827

FILED
Mar 21, 2009
Secretary of State

Entity Name: GULF BREEZE POST NO. 4407, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

1783 ABERCROMBIE RD
GULF BREEZE, FL 32563 US

New Principal Place of Business:

Current Mailing Address:

1783 ABERCROMBIE RD
GULF BREEZE, FL 32563 US

New Mailing Address:

FEI Number: 59-3176093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLADA, ROGER C
1783 ABERCROMBIE RD
GULF BREEZE, FL 32563 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: QMD () Delete
Name: HALLADA, ROGER
Address: 3264 LAUREL DR
City-St-Zip: GULF BREEZE, FL 325635313

Title: JAD () Delete
Name: WALKER, JAMES O
Address: 3230 CLEMSON RD
City-St-Zip: GULF BREEZE, FL 325632710

Title: SVC () Delete
Name: HOLLIDAY, RON
Address: 5303 WOODLAKE TRACE
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: JAD (X) Change () Addition
Name: HOLLADAY, RONNIE
Address: 5303 WOODLAKE TRACE
City-St-Zip: GULF BREEZE, FL 32563

Title: SVC (X) Change () Addition
Name: MURPHY, JOHN
Address: 1923 RESORT ST
City-St-Zip: NAVARRE, FL 32566

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: ROGER C HALLADA

_____ Electronic Signature of Signing Officer or Director

QTRM

03/21/2009

_____ Date