

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003380

FILED  
Jan 05, 2008  
Secretary of State

**Entity Name:** NAPLES MEMORIAL POST NO. 7369 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**Current Principal Place of Business:**

2405 LINWOOD AVE  
NAPLES, FL 34112 US

**New Principal Place of Business:**

**Current Mailing Address:**

2405 LINWOOD AVE  
NAPLES, FL 34112 US

**New Mailing Address:**

**FEI Number:** 65-0463066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

READER, PHILIP  
7340 PROVINCE WAY #3104  
NAPLES, FL 34104 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: ULLRICH, ROBERT  
Address: 1642 LA PETITE CT  
City-St-Zip: NAPLES, FL 34104

Title: DM ( ) Delete  
Name: WHITE, JERRY  
Address: 2805 LINWOOD AVE  
City-St-Zip: NAPLES, FL 34113

Title: QM ( ) Delete  
Name: READER, PHILIP  
Address: 7340 PROVINCE WAY #3104  
City-St-Zip: NAPLES, FL 34104

**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:

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: PHILIP A. READER

QM

01/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date