

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000139

FILED
Apr 02, 2009
Secretary of State

Entity Name: DEPARTMENT OF FLORIDA, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

543 NE SANCHEZ AVE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

543 NE SANCHEZ AVE
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-0494095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACHAND, W. BENNY
543 NE SANCHEZ AVE
OCALA, FL 34470 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: P () Delete
Name: HARRIS, DAVE
Address: 543 NE SANCHEZ AVE
City-St-Zip: OCALA, FL 34470 US

Title: STD () Delete
Name: BACHAND, WAYNE B
Address: 543 NE SANCHEZ AVE
City-St-Zip: OCALA, FL 34470 US

Title: D () Delete
Name: SURFACE, STEVE
Address: 543 NE SANCHEZ
City-St-Zip: OCALA, FL 34470 US

Title: D () Delete
Name: MCDERMOTT, JOHN T
Address: 543 NE SANCHEZ AVE
City-St-Zip: OCALA, FL 34470 US

Title: D () Delete
Name: STOVER, LARRY R
Address: 543 SANCHEZ AVE
City-St-Zip: OCALA, FL 34470 US

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: D (X) Change () Addition
Name: MOORE, BILLY
Address: 543 NE SANCHEZ AVE
City-St-Zip: OCALA, FL 34470 US

Title: D (X) Change () Addition
Name: NICHOLSEN, PETE
Address: 543 SANCHEZ AVE
City-St-Zip: OCALA, FL 34470 US

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: WAYNE B BACHAND

STD

04/02/2009

Electronic Signature of Signing Officer or Director

Date