

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000744

FILED
Jan 20, 2009
Secretary of State

Entity Name: POST NAME: FEDHAVEN MEMORIAL POST NO: 7361 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

FEDHAVEN MEMORIAL POST 7361
FEDHAVEN, FL 33854

New Principal Place of Business:

Current Mailing Address:

P O BOX 8772
FEDHAVEN, FL 33854 US

New Mailing Address:

FEI Number: 59-3219415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. GERMAIN, ROGER L
2320 THOREAU DRIVE
LAKE WALES, FL 33853 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: TS () Delete
Name: ST.GERMAIN, ROGER
Address: 2320 THOREAU DRIVE
City-St-Zip: LAKE WALES, FL 33898

Title: D () Delete
Name: LAMBIASE, RICHARD
Address: 2501 ALCOTT DRIVE
City-St-Zip: LAKE WALES, FL 33898

Title: VD () Delete
Name: SCALES, JOHN
Address: P.O BOX 8747
City-St-Zip: FEDHAVEN, FL 33854

Title: T () Delete
Name: RAYMOND, ROBERT
Address: P.O BOX 8176
City-St-Zip: FEDHAVEN, FL 33854

Title: P () Delete
Name: CAVESE, JOHN
Address: 1410 CHAMBERLAIN LOOP
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: LOY, CLARENCE
Address: 2404 ALCOTT DRIVE
City-St-Zip: LAKE WALES, FL 33898

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
Name:
Address:
City-St-Zip:

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

Title: D (X) Change () Addition
Name: LOY, CLARENCE
Address: 2404 ALCOTT DRIVE
City-St-Zip: LAKE WALES, FL 33898

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 ST,GERMAIN

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date