

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002434

FILED
Jan 06, 2009
Secretary of State

Entity Name: VETERAN'S MIDPOINT MEMORIAL CHARITABLE TRUST, INC.

Current Principal Place of Business:

875 SE 47 TER #3
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

875 SE 47 TER #3
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 65-0797931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILES, LYNN
875 SE 47TH TERR #3
CAPE CORAL, FL 33904 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: DV () Delete
Name: KENNY, TIMOTHY
Address: 206 SW 42ND ST
City-St-Zip: CAPE CORAL, FL 33914

Title: SD () Delete
Name: BOWLER, JUDY
Address: 3801 SE 17TH AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: TD () Delete
Name: BRADEN, BERNICE
Address: 1333 SANTA BARBARA BLVD
City-St-Zip: CAPE CORAL, FL 33991

Title: T () Delete
Name: MILES, LYNN M
Address: 875 SE 47TH TERRACE #3
City-St-Zip: CAPE CORAL, FL 33904

Title: () Delete
Name:
Address:
City-St-Zip:

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: PRES () Change (X) Addition
Name: BOWLER, GARY
Address: 3801 SE 17TH AVE
City-St-Zip: CAPE CORAL, FL 33904

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: LYNN MILES

TREA

01/06/2009

Electronic Signature of Signing Officer or Director

Date