## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000000699

Jan 16, 2009 Secretary of State

Entity Name: EUGENE QUINN, INC. AUXILIARY TO POST NO. 4337, LADIES AUXILIARY TO THE VETERANS

OF FOREIGN WARS OF THE UNITED STATES.

Current Principal Place of Business: New Principal Place of Business:

906 HWY 44 EAST

INVERNESS, FL 34450 US

Current Mailing Address: New Mailing Address:

906 HWY 44 EAST

INVERNESS, FL 34450 US

FEI Number: 59-1940834 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HETHERINGTON, CAROL A 515 NOLA ST INVERNESS, FL 34452 U

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 JAYNE, THOMPSON
 Name:
 MARGE, JOBE

 Address:
 4038 CLEAR SPRING ROAD
 Address:
 8624 E GREENOCK DR.

Address: 4038 CLEAR SPRING ROAD Address: 8624 E GREENOCK DR. City-St-Zip: BROOKSVILLE, FL 34604 City-St-Zip: INVERNESS, FL 34450

Title: VPD ( ) Delete Title: SEC (X) Change ( ) Addition Name: THERESE, FORTIN Name: KAREN, LOWE

Address: 2500 N. JUNGLE CAMP ROAD Address: 6796 E HAYDEN LN
City-St-Zip: INVERNESS, FL 34453 City-St-Zip: INVERNESS, FL 34452

Title: TD ( ) Delete Title: TR (X) Change ( ) Addition Name: HETHERINGTON, CAROL A Name: HETHERINGTON, CAROL A

Address: 515 NOLA ST Address: 515 NOLA ST

City-St-Zip: INVERNESS, FL 34452 City-St-Zip: INVERNESS, FL 34452

 Title:
 S
 (X) Delete
 Title:
 ( ) Change ( ) Addition

 Name:
 MARTIN, GLENDA
 Name:

 Address:
 4167 S. CANTON TERR.
 Address:

 City-St-Zip:
 INVERNESS, FL 34452
 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: CAROL A. HETHERINGTON TR 01/16/2009