

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001542

FILED
Jan 26, 2009
Secretary of State

Entity Name: HAWTHORNE MEMORIAL POST NO 6389 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

100 HAWTHORNE BLVD
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

100 HAWTHORNE BLVD
LEESBURG, FL 34748

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BRADFORD, JAMES C
101 AVACADO COVE
LEESBURG, FL 34748 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: DC () Delete
Name: BRADFORD, JAMES C
Address: 101 AVACADO COVE
City-St-Zip: LEESBURG, FL 34748

Title: DQM () Delete
Name: HOBBS, EDWARD I
Address: 140 PALOVERDE DR
City-St-Zip: LEESBURG, FL 34748

Title: DS () Delete
Name: RUSS, CHRISTIAN
Address: 159 ROYAL PALM DR
City-St-Zip: LEESBURG, FL 34748

Title: DSC () Delete
Name: PRIOR, CHARLEY
Address: 122 WILLOW LN
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DQM (X) Change () Addition
Name: LOCKETTE, WILLIAM R
Address: 5409 WATER LILY CT
City-St-Zip: LEESBURG, FL 34748

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: WILLIAM R. LOCKETTE

QM

01/26/2009

Electronic Signature of Signing Officer or Director

Date