

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007360

FILED
Feb 17, 2009
Secretary of State

Entity Name: 325TH SECURITY FORCES SQUADRON DEFENDERS CLUB INC.

Current Principal Place of Business:

515 SUWANNEE AVE
TYNDALL AFB, FL 32403

New Principal Place of Business:

Current Mailing Address:

515 SUWANNEE AVE
TYNDALL AFB, FL 32403

New Mailing Address:

FEI Number: 59-3552035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANITAGO, HECTOR J
515 SUWANNEE RD
TYNDALL AFB, FL 32403 US

Name and Address of New Registered Agent:

PECH, JASMINE L
515 SUWANNEE RD
TYNDALL AFB, FL 32403 US

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: JASMINE L. PECH

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PECH, JASMINE L
Address: 515 SUWANNE RD.
City-St-Zip: TYNDALL AFB, FL 32404

Title: DV () Delete
Name: PENA, CHRISTOPHER S
Address: 515 SUWANNE DR.
City-St-Zip: TYNDALL AFB, FL 32404

Title: DT () Delete
Name: SHIVERS, CHADIR S
Address: 515 SUWANNE RD.
City-St-Zip: TYNDALL AFB, FL 32404

Title: DS () Delete
Name: SANTIAGO, HECTOR J
Address: 515 SUWANNE RD.
City-St-Zip: TYNDALL AFB, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PECH, JASMINE L
Address: 515 SUWANNE RD.
City-St-Zip: TYNDALL AFB, FL 32403

Title: DV (X) Change () Addition
Name: DOWDY, CARRIE M
Address: 515 SUWANNE DR.
City-St-Zip: TYNDALL AFB, FL 32403

Title: DT (X) Change () Addition
Name: SHIVERS, CHADIR S
Address: 515 SUWANNE RD.
City-St-Zip: TYNDALL AFB, FL 32403

Title: DS (X) Change () Addition
Name: SANTIAGO, HECTOR J
Address: 515 SUWANNE RD.
City-St-Zip: TYNDALL AFB, FL 32403

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: JASMINE L. PECH

SSGT

02/17/2009

Electronic Signature of Signing Officer or Director

Date