

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002903

FILED
Jan 06, 2009
Secretary of State

Entity Name: USAF COMSEC VETERANS GROUP, INC.

Current Principal Place of Business:

2692 WALNUT DRIVE
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

2692 WALNUT DRIVE
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 74-2905883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMONS, ANTHONY P
2692 WALNUT DRIVE
PALM HARBOR, FL 34683 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: DP () Delete
Name: SMITH, HAROLD
Address: 11517 WISCONSIN AVE N
City-St-Zip: CHAMPLIN, MN 55316

Title: SD () Delete
Name: LEMONS, ANTHONY
Address: 2692 WALNUT DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: TD () Delete
Name: SANDERS, JACK
Address: 207 POSITIVE LANE
City-St-Zip: LAKE PARK, GA 31636

Title: DV () Delete
Name: WAGNER, RICHARD
Address: 26196 REGAL AVE
City-St-Zip: HAYWARD, CA 94544

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DO (X) Change () Addition
Name: WATERHOUSE, CARL L
Address: 9298 EAST DOLORES ST.
City-St-Zip: TUCSON, AZ 85730

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

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

Title: DP (X) Change () Addition
Name: WAGNER, RICHARD
Address: 26196 REGAL AVE
City-St-Zip: HAYWARD, CA 94544

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: ANTHONY P. LEMONS

SEC

01/06/2009

Electronic Signature of Signing Officer or Director

Date