

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006290

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: GREENACRES V.F.W. POST #4445 INC.

## Current Principal Place of Business:

364 SWAIN BLVD.  
GREEN ACRES, FL 33463

## New Principal Place of Business:

## Current Mailing Address:

364 SWAIN BLVD.  
GREEN ACRES, FL 33463

## New Mailing Address:

FEI Number: 65-0583913

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALFANO, FRANCIS  
6355 TALL CYPRESS CIR  
GREENACRES, FL 33463 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: C ( ) Delete  
Name: CLEMENTS, ROBERT  
Address: 439 SWAIN BLVD  
City-St-Zip: LAKE WORTH, FL 334632037

Title: S ( ) Delete  
Name: DOMENICK, MODENA  
Address: 6292 RED CEDAR CIR  
City-St-Zip: LAKE WORTH, FL 334628332

Title: S ( ) Delete  
Name: CRESS, LOUIS  
Address: 3465 VIA POINCIANA  
City-St-Zip: LAKE WORTH, FL 334671993

Title: D ( ) Delete  
Name: ALFANO, FRANCIS  
Address: 6355 TALL CYPRESS CIR  
City-St-Zip: GREENACRES, FL 33463

Title: D ( ) Delete  
Name: DEMBO, MURRAY  
Address: 370 BENNINGTON LA  
City-St-Zip: LAKE WORTH, FL 334672761

Title: D ( ) Delete  
Name: MANLEY, ED  
Address: 6990 CLOVER CT  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: MANLEY, EDWARD  
Address: 6990 CLOVER CT  
City-St-Zip: LAKE WORTH, FL 33467

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

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

Title: D (X) Change ( ) Addition  
Name: JOHNSON, JAMES  
Address: 440 SANTA ANNA DR  
City-St-Zip: PALM SPRINGS, FL 33461

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: ROBERT P CLEMENTS

CDR

04/21/2009

Electronic Signature of Signing Officer or Director

Date