

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733300

Entity Name: WEST PUTNAM POST NO. 10164 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**FILED**
Jul 15, 2015
Secretary of State
CC4686915450**Current Principal Place of Business:**1034 HWY 20
INTERLACHEN, FL 32148**Current Mailing Address:**1034 HWY 20
INTERLACHEN, FL 32148 US**FEI Number: 59-6569997****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SMITH, JERRY
1034 HWY 20
INTERLACHEN, FL 32148 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: JERRY SMITH****07/15/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title ADJUTANT, QM
Name PHAGAN, THEODORE B
Address 1034 HWY 20
City-State-Zip: INTERLACHEN FL 32148Title SURGEAN
Name BRYANT, EDWARD
Address 1034 HWY 20
City-State-Zip: INTERLACHEN FL 32148-6130Title CDR
Name SMITH, JERRY
Address 1034 HWY 20
City-State-Zip: INTERLACHEN FL 32148Title SV
Name MYERS, RUBIN
Address 1034 HWY 20
City-State-Zip: INTERLACHEN FL 32148Title T1
Name GODWIN, DEWEY C
Address 1034 HWY 20
City-State-Zip: INTERLACHEN FL 32148Title SERVICE OFFICER
Name CROWLEY, DAN C
Address 1034 HWY 20
City-State-Zip: INTERLACHEN FL 32148Title JV
Name MASTELLER, DALE E
Address 1034 HWY 20
City-State-Zip: INTERLACHEN FL 32148Title T2
Name HAYES, JOSOPH W
Address 1034 HWY 20
City-State-Zip: INTERLACHEN FL 32148**Continues on page 2**

I hereby 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 all other like empowered.

SIGNATURE: THEODORE B PHAGAN**QUARTER MASTER****07/15/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHAPLAIN
Name MELTON, MICHAEL C
Address 1034 HWY 20
City-State-Zip: INTERLACHEN FL 32148

Title T3
Name HAJOSCH, FRANK A
Address 1034 HWY 20
City-State-Zip: INTERLACHEN FL 32148

Title ADVOCATE
Name DUSSEAU, VERNON E
Address 1034 HWY 20
City-State-Zip: INTERLACHEN FL 32148