

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001765

FILED
Jan 10, 2006
Secretary of State

Entity Name: AMERICAN VETERANS POST 444, INC.

Current Principal Place of Business:

115 NE 6 BLVD
WILLISTON, FL 32696

New Principal Place of Business:

Current Mailing Address:

115 NE 6 BLVD
WILLISTON, FL 32696

New Mailing Address:

FEI Number: 65-1083352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKES, LESTER
PO BOX 879
WILLISTON, FL 32696 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: D () Delete
Name: WILKES, LESTER
Address: PO BOX 879
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: KIRCHARTZ, MARK
Address: 15361 NE 49 LN
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: MORGAN, MIKE
Address: 435 SE 4 DR
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: LESTER WILKES

D

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date