

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001765

FILED  
Jan 16, 2009  
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:

13751 N.E. 52 PLACE  
WILLISTON, FL 32696

## Current Mailing Address:

PO BOX 879  
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  
5051 NE 147 CT.  
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: D      (X) Change ( ) Addition  
Name: BURNS, JOSEPH  
Address: 5650 NE 141 TERR  
City-St-Zip: WILLISTON, FL 32696

Title: D      (X) Change ( ) Addition  
Name: SHOEMAKER, MICHAEL  
Address: 210 SE 4 ST  
City-St-Zip: WILLISTON, FL 32696

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: LESTER W. WILKES

DIR

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date