

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 03, 2008
Secretary of State

DOCUMENT# N06000011834

Entity Name: AMVETS POST 113 INC.**Current Principal Place of Business:**502 NORTH STATE STREET
BUNNELL, FL 32110**New Principal Place of Business:**2530 N. STATE ST
BUNNELL, FL 32110**Current Mailing Address:**P. O. BOX 2451
BUNNELL, FL 32110**New Mailing Address:****FEI Number:** 20-5876495**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HAYES, DURRELL
505 W. COURT ST
BUNNELL, FL 32110 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:** COMM () Delete
Name: ISSAC, LESTER
Address: 109 FLORIDA AVE
City-St-Zip: BUNNELL, FL 32110**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TREA () Change (X) Addition
Name: HAYES, DURRELL
Address: 505 W. COURT ST
City-St-Zip: BUNNELL, FL 32110

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: DURRELL HAYES

TREA

05/03/2008

Electronic Signature of Signing Officer or Director

Date